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A Merry Christmas

The CANADIAN HOSPITAL

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Official Journal
CANADIAN HOSPITAL COUNCIL

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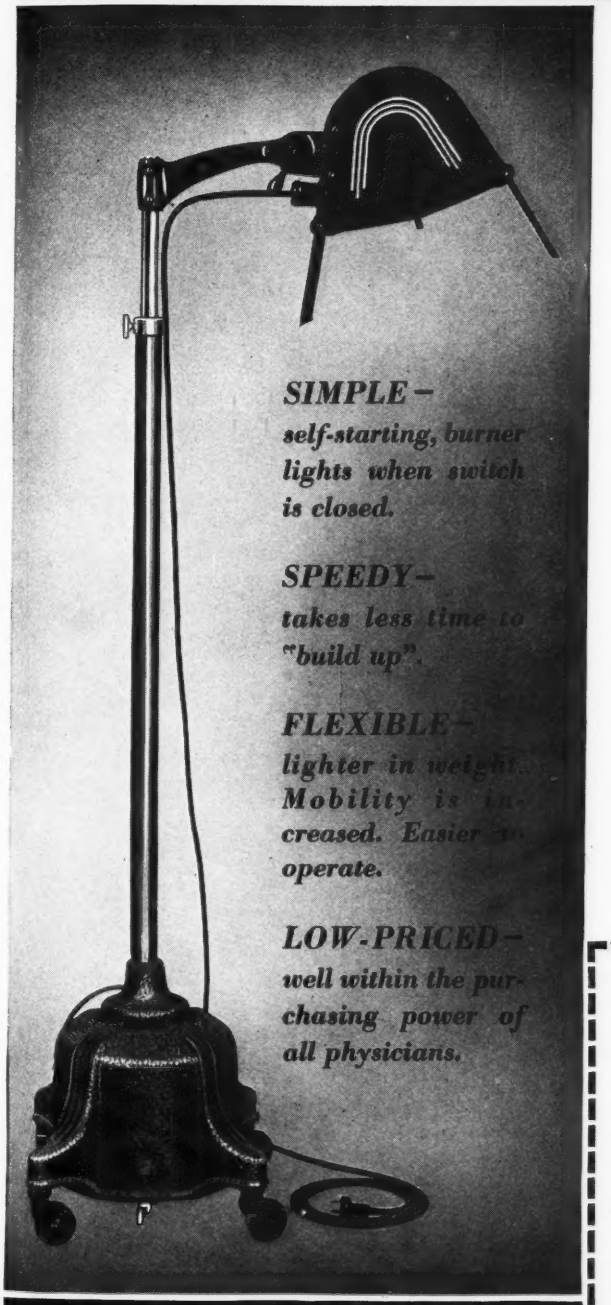

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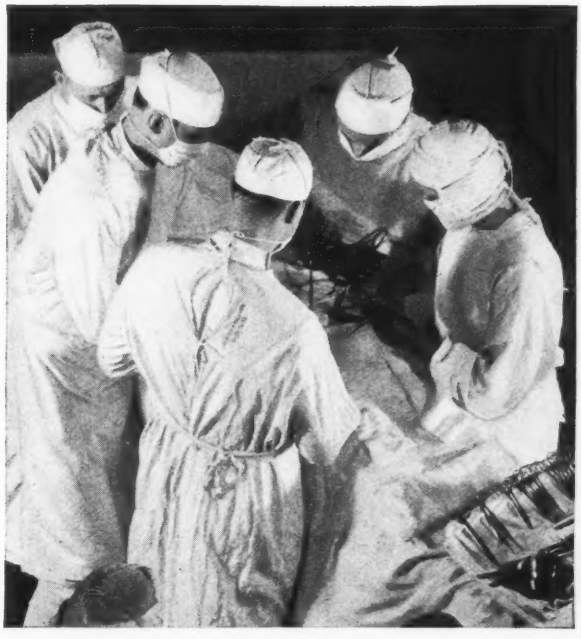

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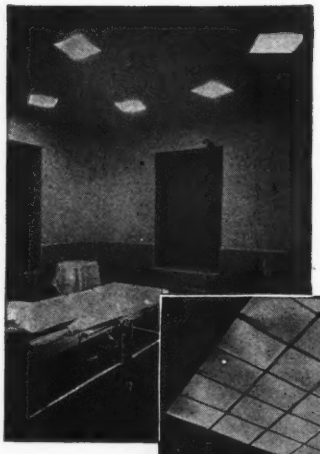

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[1] *Sise, L. F.: Anaesthesia for Thyroid Surgery, J. Indiana State M. A. 30: 180, April, 1937.*
* *Amplon is a trade-mark of E. R. Squibb & Sons.*

Canadian Hospitals in 1937—a Summary of Major Observations

By HARVEY AGNEW, M.D.,
Secretary, Canadian Hospital Council

IN business circles, 1937 has been considered a year of prosperity, even though the stock-market has made some wild fluctuations. Hospital work does not, and cannot, have the same vicissitudes, yet hospitals are affected very markedly, nevertheless, by the business barometer. Although figures are not yet available, there is considerable evidence that the census has risen, particularly in the private wards. Also many hospitals report better collections. These, however, quickly vanish, for most hospitals have need of long, overdue replacements or purchases, or of new wings or additions. In some areas, too, particularly the drought areas, conditions have not shown any improvement and some of the hospitals are in serious straits.

New Construction

The increased prosperity of the country as a whole has been reflected to some extent in new construction; the hospitals have shared in this movement. New hospitals have been erected at Kentville, N. S., in the Magdalen Islands, Quebec, and at Steinbach, Man. The new St. Lawrence Tuberculosis Sanatorium near Cornwall, Ontario, the St. John Convalescent Hospital, Newtonbrook, Ontario, and the St. Bartholomew's Hospital at Lytton, B.C., have recently been opened. Among the hospitals adding new wings or making extensive additions are the Vancouver General Hospital, Portage la Prairie General Hospital, Princeton (B.C.) General Hospital, St. Joseph's Hospital, Comox, B.C., Montreal Convalescent Hospital, Westminster Hospital, London, Ont., Soldiers' Memorial Hospital, Campbellton, N.B., and the hospitals at Essondale, B.C., Melfort, Sask., Woodstock, Ont., Amherst, N.S., Parry Sound, Ont., Goderich, Ont., Brampton, Ont., Grande Prairie, Alta., Berwick, N.S., Simcoe, Ont., Hotel Dieu of Windsor, and St. Michael's Hospital at Toronto, Ont. A number of other hospitals are considering extensive additions in the near future.

Legislation

The year 1937 has not been a year for radical legislation. However, various revisions have been made in the enactments affecting hospitals. The sale of codeine and of barbiturates has been controlled by legislation in several of the provinces. Ontario adopted an extensive code of regulations affecting the operation of public hospitals, and a revision of the regulations is now under way in British Columbia. Certain minor changes affecting hospitals have been made in the customs tariff regulations.

Of general interest are the new Federal requirements for the control of radio interference by physiotherapy apparatus (see The Canadian Hospital, June, 1937). The government is under considerable pressure to stop this interference, but is making every effort to avoid hardship to hospitals and doctors.

Health Insurance

British Columbia seemed headed for a far-reaching plan of health insurance early in the year, but the decision to await the findings of the Royal Commission on federal-provincial relationships has delayed that change for awhile. However, the continual demands by various groups and organizations for "state medicine" keep the hospital and medical people constantly on the *qui vive*, particularly so when they realize what amazing changes in our social and economic fabric have taken place during the past decade or two and realize what the potentialities are for the future.

The excellent resolution on Health Insurance passed by the Canadian Hospital Council this autumn (The Canadian Hospital, October, 1937, pp. 38, 56) indicates a very alert, progressive and yet cautious attitude and might well be the guiding policy of our hospitals.

Group Hospitalization

This movement is progressing with ever increasing momentum. New York City now has over 500,000 members and St. Paul has over 100,000. Canadian plans have not been nearly so spectacular in their growth inasmuch as most are in smaller centres. However, the city-wide plan in Edmonton is growing steadily and now has some 5,500 members. Kamloops, B.C., now covers approximately 6,000 people and the plan at Kingston nearly 2,000. The latest one to be started in Canada is the joint plan of the two hospitals in Moncton, N.B. A plan is being started among the rural hospitals in the area north of Edmonton. In Toronto the plans for a group plan have been suspended in view of the development of what is called the "Associated Medical Services, Inc.", a non-profit, medico-lay organization operating in close co-operation with the Ontario Medical Association and the Toronto Academy of Medicine, and providing coverage in several Ontario centres for general practitioner, specialist and (in part) hospital accounts. This body is not starting out with any great splash, but is enrolling its membership upon a sound, carefully worked out basis.

Employee Relationships

Of vital concern to an increasing number of hospitals is the employee situation. In many centres in the United States and, to an increasing extent, in Canada, labour unions have invaded the hospital field. Strikes have been threatened in Montreal and "technical" strikes have taken

place in Toronto. In Montreal the wage dispute is being referred to arbitration, with a likelihood of governmental assistance should costs be raised.

There seems to be a general feeling that hospital employees have a right to express their grievances, if they have any, and to form organizations, should they so desire. Also it is generally recognized that hospital wages and salaries are lower on the average than in other fields of industry. At the same time strikes in hospitals are so potentially dangerous to the welfare and life of the helpless patients affected that there is strong opposition to the use of this type of weapon in the settlement of hospial disputes. It would appear that any recourse to this argument would alienate much public sympathy.

Proposed Curriculum in Nursing

Schools for nurses and hospitals throughout Canada are giving serious study to the proposed new curriculum for schools of nursing in Canada. This follows as a nautral sequence to Doctor Weir's great study of nursing in Canada a few years ago, and sets a very high standard of scholarship. Doctor R. T. Washburn gave us some very valuable comments on this Curriculum in the September issue of the Canadian Hospital. It is anticipated that the Curriculum will be still further revised and its general acceptance possibly considerably advanced at the meeting of the Canadian Nurses' Association in Halifax next July.

Municipal Relationships

As would be expected, hospitals are continuing to have much to do with municipalities, and one presumes that this will continue as long as we have indigents, relief recipients and that large group described as "near-relief." While there still are, and probably always will be, many borderline cases that no legislation or regulations can prescribe for, there has been a distinct tendency for the two groups to get together for the solution of their difficulties. I think that we now have a better understanding of each other's problems than ever before.

The "Polio" Epidemic

Periodically Canada is visited by an epidemic of anterior poliomyelitis and this year the scourge struck most heavily in Ontario, although many cases were reported in the eastern provinces and again in Manitoba. From a hospital viewpoint, one of the noteworthy observations was the achievement of the Toronto Hospital for Sick Children and its staff in constructing a dozen of its own "iron lungs" in an incredibly short time, in developing new splinting arrangements and in the contribution of a new type of infant respirator. The provincial government took over the former Grace Hospital in Toronto and, without expense to the families of patients, gave poliomyelitis cases from all over the province the benefit of hospitalization and of expert instruction for a limited period.

The Canadian Hospital Council

The Canadian Hospital Council had another excellent meeting in Ottawa in September. Many of the vital problems facing our hospitals to-day come under consideration, and much progress was made in clarifying these issues and in evolving their solution. The Council has become an invaluable organization to us, not only in the formulation of national policies, but in acting as our spokesman in so many national and international matters.

The work of the Council is being badly handicapped by a shortage of funds, the amounts being contributed by the associations falling far short of the amount required to adequately do the work before us. The associations are being asked to materially increase their support this coming year; otherwise it may be necessary to reduce to a large extent our present efforts.

The Canadian Hospital Journal

No review of the year's development would be complete without reference to the progress of "The Canadian Hospital" under the editorship of Mr. Leonard Shaw. He has been indefatigable in his efforts to get better articles and make the Journal more readable. Were it not that our arrangement limits us to space equal to that of the advertising obtained, much more could be presented than is now possible.

Internships in Canada

During the past year several more hospitals have qualified for approval for internship by the Canadian Medical Association. There are now 47 hospitals on the approved list, providing a total of 696 internships. In addition, there are 15 hospitals on the recommended list, providing 37 internships.

Faithful Workers Mourned

The hospital field suffered the loss by death of two of its outstanding executives, Henry A. Rowland and Doctor Elgin A. Gray, both of Toronto, reference to which has already been made in this Journal. Those who have known these two fine gentlemen will always remember their sterling qualities and their conscientious devotion to their work. Doctor A. B. Alexander, who was for many years medical superintendent of the Municipal Hospitals, Winnipeg, and did much to build up these fine institutions before he retired, died in September.

The sympathy of our hospital workers is extended to Mrs. Margaret Rhynas in the recent loss of her beloved husband, the late Mr. Oliver Rhynas of Burlington.

Officers of Prairie Provinces Conference of C.H.A.

At the meeting of the Prairie Provinces Conference held in Regina during October, the following officers were appointed:—

President—Sister M. Mona, Holy Family Hospital, Prince Albert, Sask.

Vice-Pres.—Sister Herman, St. Paul's Hospital, Saskatoon, Sask.

2nd Vice-Pres.—Sister Clotilda, Edmonton, Alberta.

Secretary—Sister Mary Carmel, Holy Family Hospital, Winnipeg, Man.

Treasurer—Sister St. Egbert, St. Joseph's Hospital, Winnipeg, Man.

Councillors—Sister Mary of Jesus, Winnipeg; Sister Beatrice, St. Michael's Hospital, Lethbridge, Alta.; Sister Clermont, St. Boniface Hospital, St. Boniface, Man.

The Control of Narcotics in Hospitals

By COL. C. H. L. SHARMAN, C.M.G., C.B.E.
Chief, Narcotic Division, Department of Pensions and National Health

AS is inevitable in connection with the many angles in relation to the movement of narcotics, from the time that the Raw Opium or Coca Leaf leaves the country of origin until the manufactured product reaches the ultimate consumer, variations from the normal procedure cannot fail to be encountered from time to time, and it is felt that a short article, dealing specifically with the hospital angle, would not be out of place, but possibly of assistance in keeping such variations down to a minimum.

International Control

The legal manufacture of Morphine, Heroin or Cocaine is not carried out in Canada, and supplies of these drugs, whether for sale as such or for manufacture into tablets and preparations, are obtained from abroad under import licenses issued by the Department. In issuing these licenses the Department is rigidly obligated by International Convention to ensure that the quantities involved are put to legitimate, scientific and medical use, that efficient control for that purpose is exercised, and that the quantities involved do not, in the aggregate, exceed the estimates of Canadian legitimate consumption for the year, previously submitted to the League of Nations. If an excess quantity is involved and no supplementary estimate, with full explanation, is forwarded to the League for approval, Geneva notifies all countries to cease shipping to Canada.

All narcotics which are legally imported into the country are consigned, under permit, to licensed narcotic wholesalers, every one of whose subsequent transactions therein is reported monthly to the Department and charged on cards to the physician, druggist or institution concerned. Physicians, druggists, dentists and veterinary surgeons are entitled to receive them if they are "licensed by and in good standing with their Provincial College." This requirement is of necessity strictly adhered to, as the Courts have decided that "insofar as the Narcotic Act is concerned the definition of 'physician' does not apply to one not in good standing in the Medical Society of his province," and the same ruling is applicable to the other professions involved.

The information derived from narcotic wholesale reports is also supplemented by periodical returns received from retail druggists.

Control of Distribution and Use

Once narcotic drugs are in the hands of physicians or retail drug stores, they can only reach the public through the exercise of the medical discretion of the former, whether by his personal administration thereof or the issue of a prescription filled at a retail drug store.

The Narcotic Act imposes certain limitations on the discretion of the physician, by prohibiting him from supplying narcotics for self-administration by an addict not possessed of any diseased condition caused otherwise than by the excessive use of a narcotic drug. The druggist conducting a retail drug store, on the other hand, is not vested with any medical discretion, but is obligated to ensure that any prescriptions which he fills are properly signed and dated, that the signature thereon is verified, if previously unknown to him, and that no prescription is repeated. From the standpoint of the public, it is an offence for anyone to obtain narcotics from a second physician while in the course of treatment by another member of the profession, without disclosing the fact to the first physician concerned.

The proper enforcement of these requirements is naturally a heavy administrative task, particularly in relation to the co-ordination of information as to purchases made by physicians and others from both wholesale and retail sources, and ensuring that such purchases are made by properly qualified persons.

Use in Hospitals

While it is quite legal and possible for a hospital to obtain narcotics on the signature of a physician, the practice, and preference, of the large institutions is to have their orders signed by their own druggist dispenser. Many advantages accrue from this arrangement, which is provided for in the Narcotic Act, particularly in ensuring that all orders emanate from one source. In any event, however, narcotics reported to us as sold to a hospital are charged to that institution, whether obtained from wholesale or retail sources on the signature of a physician or the dispenser, while narcotics sold direct, by either wholesale or retail druggists, to such physician for use in his practice are charged up on his personal card.

Such narcotics as are supplied by wholesalers or retail drug stores to hospitals are obviously for use in the institution, and not for subsequent re-distribution to physicians for use outside.

Re-sale by Hospitals NOT Permissable

The Department is well aware of the conditions under which it is, in some instances, the practice of hospitals to supply, at cost, plus 10%, certain articles or medicines to patients for future use when they leave the institution. For example, it is naturally in the interests of such patients to receive, possibly at a lower price than elsewhere, a supply of the special kind of bandage liable to be necessary for some weeks at home. *It is, however, not possible to permit narcotics to be placed at the disposal of such patients themselves.* Apart from any other angle but that of control, it obviously is *necessary to ensure that physicians, for example, do not obtain narcotics for use in their practice from other than the authorized sources,* i.e., wholesale or

retail druggists, otherwise there would be a serious loophole in the machinery provided for the Department being made aware of all narcotic transactions.

Again, it is necessary to envisage the emergency arising when, for example, a practising physician has urgent need for a tube of morphine in the middle of the night. His thoughts naturally turn to the hospital with which he is connected, and it would be unreasonable to suggest that such institution should be prohibited from performing a very necessary function. At the same time, however, there is nothing to prevent the *loan*, as distinct from the *sale*, of a tube of morphine in such circumstances, such a loan being returnable within thirty days.

From the standpoint of the hospital, therefore, *it is essential that anything of a narcotic nature which is received should, except in emergency, be "consumed on the premises," and not made available for general use outside.* Co-operation of Hospital Superintendents in relation to this particular angle of narcotic control would not only be greatly appreciated, but would be of very considerable assistance in dealing with the subject as a whole.

Intramural Control in Hospitals

It might be of interest for the purpose of this paper to describe the procedure adopted for the intramural control of narcotics in one of the larger hospitals in this country.

As has been described, no purchase of any narcotic or preparation containing narcotics can be made without the signature of a physician or the dispenser. When the narcotics are received by the dispenser they are checked and signed for and a receipt given to the supplier. At the same time such goods are entered on the general receiving slip of the hospital concerned and also, what is more important, in a *narcotic book* especially kept for that purpose, showing the date the consignment was received, the name of the drug, the quantity and from whom obtained, i.e., the supplier and the signature of the staff dispenser who receives the goods. This book thereby provides a permanent record of all receipts of narcotics. These records are kept under lock and key. The narcotics are then placed in stock in a special narcotic cupboard which is *always kept under lock and key*, the key for which is in the hands of the chief dispenser alone.

When narcotics are used for the preparation of tablets, solutions, etc., the quantities used are checked and double-checked by one of the other staff dispensers, and the amount so used entered in the narcotic book with the signature of the staff dispenser who is making the preparation and also the signature of the other staff dispenser who has checked the amounts so used. Narcotics or preparations containing narcotics issued to the wards for stock are only done so on a requisition signed by the nurse in charge of the ward and are delivered only to a nurse from that ward, who on obtaining the requirements from the dispenser must sign a narcotic distribution sheet which provides for the date on which issuance is made, the name of the narcotic, the amount, the ward concerned and the signature of the nurse receiving same. These narcotics are then taken by the nurse to the ward and are placed in a special narcotic cupboard in the ward, which is securely locked, the supervisor in charge of the ward alone having the key, and hence only through her can these supplies be obtained. When a narcotic is ordered for a patient, such is only provided on the signature of a physician. That then becomes the authority for the nurse in charge of the ward to take from her stock in the narcotic cupboard what was ordered. Such narcotic prescriptions are tallied by the ward supervisor at periodic intervals and the individual narcotics and their amounts are computed and compared with the exhaustion of the drugs in the narcotic cupboard. A check on those two should correspond. This is also checked by the chief dispenser to ensure that the exhaustion of the narcotics is equal to the total physicians' prescriptions.

Narcotics ordered for patients attending the Out-patient Department are only issued by the dispenser on prescription bearing the full signature of a physician. Such prescriptions going direct to the dispenser are similarly tallied as outlined above for the wards and the corresponding checks made. At no time are large quantities of narcotics handed to any patients attending the Out-patient Department even though the patients are suffering from painful malignant conditions. To obviate the distress caused by the patient's condition and frequent return to the Outdoor for the narcotics a special arrangement is made whereby the narcotics required are given to a visiting nurse who administers same to the patient under the supervision of a physician, and who ensures that any quantity remaining on the death of the patient is properly disposed of.

Graduate Course in Hospital Administration

The University of Chicago has been awarded a grant by the Commonwealth Fund making it possible to continue the graduate course in hospital administration which has been given for the past three years. The grant will provide for the preparation of study materials, instruction, fellowships and scholarships. This course will be given in co-operation with the American College of Hospital Administrators and will commence on January 3, 1938. Entrance requirements are bachelor's or doctor's degree and physicians, nurses, and laymen holding such degrees may make application for the course which at the present time is limited to eight students.

Doctor Arthur C. Bachmeyer, Director of the University of Chicago Clinics, will be Director of the hospital administration course, assisted by Gerhard Hartman, Acting Executive Secretary of the American College of Hospital Administrators, who will be Associate Director of the course.

Weyburn General Hospital Appoints Superintendent

Miss Lesbia Blunt, R.N., of Kennedy, Sask., has been appointed superintendent of the Weyburn General Hospital to succeed Miss Sara Lewis, R.N., who plans to return to England shortly.

Institutes for Hospital Administrators

By MALCOLM T. MacEACHERN, M.D., C.M., F.A.C.H.A., Chicago
Associate Director, American College of Surgeons and Chairman of the Committee on Educational Policies for The American College of Hospital Administrators

THE Art and Science of hospital administration marches on rapidly. The need for continuous education in this field of endeavor is recognized. The administrator who thinks he knows all there is to be known about hospital administration, and needs no further education, can only be regarded as somewhat ignorant. Each day the progressive administrator must add to his or her knowledge, adjust and sometimes replace some of the knowledge acquired through education and experience. Knowledge must not remain static. If it does, progress in that particular field is retarded.

The desire for more knowledge has brought a demand in the hospital field for organized plans of study, through which the administrator is privileged to benefit from short, intensive courses which find their best expression in Institutes for Hospital Administrators. Through such institutes, the individual administrator's knowledge is reinforced and replenished. It will be of interest, therefore, for us to carefully analyze this plan of education.

Fundamental Principles

In the establishing of an Institute for Hospital Administrators, certain fundamental principles must be observed. These are:

First: The Hospital Institute is primarily a refresher course designed for those actually engaged in administrative work in the hospital field, or in other words, those already experienced in hospital administration. The primary purpose of the Hospital Institute is to keep hospital administrators professionally fit.

Second: The Hospital Institute is intended to make hospital administrators more critical in their approach to problems. It tends to broaden the viewpoint of the administrator through lectures, seminar, discussions and demonstrations and to impress the student with the need for more thorough study of the peculiar characteristics of an institution in making decisions and evaluating methods and experiences.

Third: The information imparted through the Institute should be based on broad adjustable principles which are applicable to all types of hospitals, at all times placing emphasis on the special problems concerned in the administration of the small hospital.

Fourth: The Hospital Institute to be successful and of the greatest value to the student, must be well organized and conducted in every phase, supplementing the didactic instruction with applied administration as seen in the hospital demonstrations.

Fifth: No Hospital Institute should be organized or established except under proper auspices, preferably a national organization, and only after a careful survey has been made to determine the need and practicability of such an Institute.

Sixth: It is vitally important that the teaching faculty and the hospitals for demonstrations be carefully selected and have the teaching viewpoint in order that they may measure up to a proper standard from the educational standpoint.

Seventh: Unless for special reasons of the sponsoring organization, attendance at the Institute should be limited to administrators of hospitals and their associates or assistants. When other than executive personnel is accepted into the Institute, the program should be adjusted accordingly.

Eighth: While the period of time of each Institute may necessarily vary considerably, it is deemed advisable that two weeks (that is twelve days of instruction) be the minimum.

Ninth: Each Hospital Institute, if at all possible, should be held in the environment of a recognized university, and preferably under its auspices or through affiliation.

Tenth: Every effort should be made by the committee in charge of the Hospital Institute to limit the expenses of the individual members of the Institute, through low registration fee and reasonably priced living accommodations while attending the Institute.

Eleventh: The number attending the Hospital Institute should be limited in accordance with the teaching and demonstration facilities and further, individual attention, insofar as possible, is most desirable.

Twelfth: Hospital Institutes should be arranged geograpically for convenience, all other conditions being acceptable, established and run on lines approved by the American College of Hospital Administrators and the American Hospital Association, and when possible, should offer University credit.

Program of Hospital Institute in General

A well organized Hospital Institute will comprise the following general program:

(1) Lectures

Didactic instruction by recognized authorities in the various fields is one of the main features. It is advisable to have this part of the Institute program given chiefly by visiting lecturers who are recognized leaders in the special field to which they are assigned. This part of the program should not occupy more than three hours each day, including the immediate discussions.

It is advisable to present two subjects in this time, one for the first two hours commencing at 9.00 a.m. and the other for one hour commencing at 11.00 a.m. to be carried

over to the second day. This is desirable so as to give the members of the Institute more time for thought and discussion. The lecture can advantageously be supplemented by:

(*a*) Lantern slides or motion pictures.

(*b*) Charts, pictures or other like material.

(*c*) Mimeographed outlines of lectures to be distributed. It is important that the speaker have his subject matter well prepared and hold the interest of the group throughout the lecture.

(2) Field Trips and Demonstrations

Carefully planned and conducted field trips and demonstrations of modern methods in approved hospitals should also occupy a major place on the program of the Hospital Institute. This pre-supposes well organized and equipped hospitals offering a wide and diversified range of facilities which lend themselves to demonstration and teaching purposes. The student of hospital administration learns best through applied methods. It is important, therefore, that the hospitals selected are sufficient in size and number to offer a wide range of practical demonstrations for the members of the Institute. These hospitals become part of the teaching campus of the Institute and assume the responsibility of providing the practical aspects of the teaching carried on by the Institute. It is advisable to have the demonstrations each afternoon from 2.00 to 4.30. These must be thoroughly prepared in advance. Groups of not more than 20 to 25 are most desirable. Insofar as is practical and possible, the student should be given choice of hospital and demonstration. In each hospital participating, the administrator or his assistant should act as co-ordinator and the heads of departments should do the teaching and demonstrating. Each demonstration must show action and not too much other explanation. Ample opportunity should always be afforded each person attending the Institute to ask questions and comment on the demonstration as it goes along. On an average, the demonstration should not take more than one hour and sometimes much less, depending on its nature. In one afternoon, not less than two or more than four such demonstrations might be carried on to advantage.

(3) Panel Discussions and Round Table Conferences

It is advisable to have a liberal number of panel discussions and round table conferences, preferably held during the evening from 7.00 to 8.30, these to act as a clearing house for all the students heard or saw during the day, or for the submission of other questions or problems they may have on their minds. Guest speakers and selected local hospital administrators comprise the panel but the freedom of the floor is given to any member of the group at any time. This should be encouraged. Many questions and problems for discussion develop spontaneously. The evening round table conference gives a fitting rounding out to the deliberations of the day and may be said to constitute the third pillar of the Institute program.

(4) Additional Features

(*a*) The use of syllabi as a means of co-ordinating subject matter and focusing attention on a selected number of significant problems might be advantageously considered. These can be distributed well in advance of the meeting.

(*b*) The study of administrative case histories is valuable in stimulating interest. These can be prepared either as a statement of facts and circumstances surrounding an important problem in the hospital field or as a statement of the problems involved. Collateral reading may be suggested.

Auspices

It is most desirable that the Hospital Institute be sponsored by one of the national organizations such as the American Hospital Association, Catholic Hospital Association, or American College of Hospital Administrators, with co-operating national and local organizations. Only certain places can conduct Institutes as the personnel for teaching and facilities for demonstration must be considered. It is obvious that more Hospital Institutes are desirable, these to be conducted according to a definite approved standard. Possibly a Hospital Institute in the East, one in the West and one in the Central or Mid-West states might be considered and sponsored either by the American College of Hospital Administrators or the American Hospital Association, separately or jointly. The sponsoring organization might provide at its own expense, one or two visiting speakers who could take an active leading part in the Institute and the giving of instruction.

Ample opportunity is offered for such Institutes in cities like Philadelphia, Boston, New York, Pittsburgh, Chicago, Los Angeles and San Francisco. Other cities might also offer desirable facilities for instruction but it is not desirable to have too many Hospital Institutes, some of which may not measure up to an acceptable standard. It is apparent that three well organized Institutes would fully meet the present demand in the hospital field.

Financing the Hospital Institute

The Hospital Institute must have a budget. The cost of the Institute is usually provided through a registration fee payable in advance by each member of the Institute. If the number attending the Institute is small, the revenue from registration will have to be supplemented from some other source. The national organization sponsoring the Institute should not be obligated to contribute extra money unless it voluntarily desires to do so. The expenses of the Institute are mainly:

(*a*) Printing of preliminary notices, programs, etc.

(*b*) Secretarial services, postage and supplies.

(*c*) Clerical help—extra help needed at the time of the Institute.

(*d*) Traveling expenses of visiting speakers.

(*e*) Transportation of members of the Institute for the field studies.

No provision is made for entertainment or the like. This is the responsibility of the members of the Institute themselves. Speakers brought in should receive traveling and hotel expenses but no gratuity need be given unless money is available for this purpose without being a burden on the Committee of the Institute or the sponsoring organization. Usually voluntary services with payment of all expenses, can be depended upon. It has been found in Chicago, that an enrollment of 80 to 100 students is most desirable, and provides a minimum budget. The handling of the expenses of the annual Hospital Institute held in Chicago, is an excellent example of what can be done on a small budget.

Physical Facilities

Whenever possible it is most desirable to have the Institute actually conducted in the environment of a University, whether or not there exists official affiliation. This can frequently be arranged. It is unusual, however, to have such splendid facilities as are enjoyed each year by those attending the Institute held in Chicago where accommodations are provided on the campus of the University of Chicago, both for dormitory and for lectures—all within one building. This is most ideal. Provision should be made for reasonably priced accommodations as close as possible to the place of lectures. It must be remembered that the individual expenses should be kept to a minimum, yet be consistent with comfort and general satisfaction.

Transportation

In order to assure the prompt arrival of the members of the Hospital Institute at the place of demonstration or in conducting other field trips, controlled transportation is most essential. Toward this end, it is recommended that the Committee for the Hospital Institute provide chartered buses for the field excursions, there to arrive at the point of destination shortly before the demonstration and leave on schedule time as soon as the demonstration is over. Importance is laid on strict adherence to pre-arranged transportation schedules.

Faculty

Every Hospital Institute must have a definite faculty or group of teachers. These must be carefully selected. They fall into four groups or classes:

(1) Visiting speakers or lecturers — that is, those brought in from outside.

(2) Special lecturers in various fields.

(3) Administrators of local hospitals.

(4) Heads of departments of hospitals where demonstrations are being given.

All of these must be carefully selected on the primary basis that they know their subject well and can impart the knowledge properly. Too much emphasis cannot be put on this aspect. The Committee on the Institute has a grave responsibility in selecting the teachers and demonstrators and the utmost care is urged.

Management of the Hospital Institute

The management of the details for the Hospital Institute can be left to a properly selected committee known as the Committee on Arrangements for the Institute for Hospital Administrators. This committee is appointed by the sponsoring organization. A Director of the Institute is necessary and his services may be given voluntarily. It is important that the committee meet frequently throughout the year to have all the preparations for the Institute well in hand far in advance of the time set for holding the Institute. It is well to keep the personnel of this committee as permanent as possible, at least the majority of the membership carrying on from year to year.

Content of the Hospital Institute Curriculum

It is obvious that time will not permit the giving of a complete course in hospital administration but only basic, general principles can be studied. Insofar as possible it is well to cover the hospital field as fully as can be done in the period of time, through the lecture, the seminar, the field trips or demonstrations, and the round table discussions. When the Institute lasts less than two weeks, the content of the course as outlined will have to be curtailed accordingly.

The curriculum should, insofar as possible, embrace the basic elements of sound hospital administration as might be embodied in a series of twelve lectures, as follows:

I. Promoting and Building the New Hospital

Preliminary organizations — community survey — permanent organization — raising funds for building and equipping hospital — selection of consultant and architect — selection of the site for new hospital — planning, building, equipping and furnishing the new hospital — opening the new hospital.

II. Organization of the Hospital

Principles of good hospital organization — the governing board — the administrative group — the subordinate organization — the Women's Auxiliary — community organization related to the hospital.

III. Business Administration

Location, equipment and personnel of business office — accounting — budgets—revenue collection—purchase and supply—other activities.

IV. Admitting Department

Location, equipment and furnishings—personnel—procedure in admission, discharge, transfer and death of patients—scheduling of operations—other activities.

V. Medical Staff

Functions — qualifications — selection—appointment—organization — clinical departments — conferences — relations to administrator — relations to governing board — medical staff problems.

VI. Diagnostic and Therapeutic Departments

Clinical laboratory — radiology — radium and X-ray therapy — electrocardiography — physical therapy —oxygen therapy—fever therapy—occupational therapy—pharmacy.

VII. Medical Records

Value of the medical record—organization of the medical record department—contents and forms of the medical record — securing the medical record — filing of the medical record — uses of the medical record — making monthly and annual reports.

VIII. Nursing Department

Present status of nursing—selection of type of nursing service—organization of nursing service—physical facilities—nursing care of the patient—ratio of nurses to patients—nursing education—co-operation with other departments.

IX. Dietary Department

Principles underlying a good food service — physical requirements—relative merits central versus decentralized food service — organization of department — purchasing and storing of food and supplies—planning of menus—preparation and service of food—special diets—waste—food costs.

X. Medical Social Service

Development—scope and functions — specific duties — organization of department—physical facilities—personnel qualifications of workers—procedures—records—reports and statistics—minimum standards.

XI. Out-patient Department

Evolution—functions—organization—location — physical requirements—financial report—accounting procedure —medical records—medical staff and adjunct services.

XII. Service Departments

Mechanical — light—heat—power—laundry—maintenance—housekeeping.

All of these lectures should be well co-ordinated with hospitals. Further aspects of the lecture may be the subject of discussion at a subsequent round table conference.

Group discussions and seminars are always desirable and for these the following subjects are most appropriate:

(1) The Hospital as a Health Center—its Public Health Relations.
(2) Community Relations—Public Education.
(3) Legal Relations of Hospitals — Legislation and Workmen's Compensation.
(4) Ethical Relationships — the Hospital Code of Ethics.
(5) Personnel Problems.
(6) Problems of the Small Hospital.
(7) Hospital Service Plans.
(8) Hospital Councils.
(9) Interns and Internships.
(10) Hospital Standardization.
(11) Maternal Care.
(12) Fund Raising for Hospitals.

Additional topics could be added but in this respect the members of the Institute should be allowed to express their choice or make suggestions.

Conclusion

The foregoing discussion is intended to lay a basis or pattern for Institutes for Hospital Administrators and is evolved chiefly out of the experience of the writer at the five annual Hospital Institutes held at the University of Chicago under the auspices of the American Hospital Association with various co-operating groups. These Institutes have proved themselves to be a success and to fill an important place for the continued education of the hospital administrator now active in the hospital field.

Because of distances of travel it is realized that possibly one or more such Institutes should be held each year, possibly preceding or immediately following national meetings in the city selected. While referring to the Institutes held in Chicago, it must be recognized that other worthy Institutes have been held in several cities. A series of short courses has been carried through successfully and with great benefit to certain groups, by Sister John Gabriel of Seattle, Washington. Commendation must also be given to Institutes held in Minneapolis, St. Paul, Los Angeles, and at Cornell University, Ithaca, New York.

It is apparent that the time has arrived when actual experience in organizing and conducting Institutes is sufficient to establish a desirable basis for Institutes in the future. This will in a great measure, answer the problem of how the present day hospital administrator may keep abreast with the advances in his special field of work.

How a Nurse Can Help Control Hospital Costs

By JESSIE WILSON, Reg. N.
Superintendent, Memorial Hospital, St. Thomas, Ontario

NO one nurse, or particular group of nurses, can alone control hospital costs. The chief nurse, however, whether she be hospital superintendent or superintendent of nurses, must be the first person to practise hospital economy and, through her example, influence the rest of the nursing staff, graduate and undergraduate. What then should we consider in bringing about an appreciation of careful hospital management?

The education of the nurses in matters relative to sound hospital economy, and the stimulation of their interest in the scheme of things, is most essential—impressing upon them that maximum co-operation is necessary to produce maximum success and efficiency. Therefore, the three cardinal points to be considered in preparation for this project should be education, interest and co-operation.

How can one best approach the nursing staff? In my opinion, through the regular staff conference, and then on down from the ward administrator to the bedside nurse, whether graduate or undergraduate. Too much cannot be said in favour of the staff meeting where all present feel free to bring suggestions and discuss common problems. Likewise, the small informal discussions between the head nurse and her ward staff, and the instructor and students, are invaluable. It is wise to bear in mind and impress upon the student that one and all, senior or junior, are important in the efficient management of the separate unit and the institution as a whole.

Let us now consider some of the practical ways in which any nurse may aid in lowering hospital expenditure under the following headings:

1. Hospital housekeeping.
2. Bedside nursing.
3. Her personal life.

Few nurses realize the amount which may be wasted or saved in the routine ward administration. Let us note

some of the most commonplace—light, power, water, food, and so on.

How many of us take time to stop and turn off unnecessary lights? The majority of us feel to stop is a waste of time and the light may burn for hours unnoticed.

Did it ever occur to you that sterilizing and other uses of the electric plates and appliances might be arranged when the power is not at its peak load? For you no doubt realize that the rate of power is mostly based on the peak load. Why not find out the time of day this peak most likely comes, and arrange this phase of your work accordingly? Then too, an indicator may be placed where the engineer may watch it easily and, through the switchboard, notify the floors that the power is reaching the peak and at that time any unnecessary burners may be extinguished. In one hospital the switchboard operator simply calls the floor and says "power" and the nurse knows what to do.

Money may be saved too, in supplying the ward with a small toaster for making the odd piece of toast between meals rather than using the larger toaster.

The tap that drips—does it do more than annoy the patient and the fussy superintendent? Gallons of water may be wasted daily. If the rate is calculated by meter, imagine the bill, or if a softener is used, the waste of material.

Common Ward Hazards

Too little attention is paid to common ward hazards which have caused unnecessary accidents. The water or oil spilled on waxed floors; the piece of linoleum which, if not properly cemented to the floor, may trip a hurrying individual; to say nothing of the thoughtless person who endangers the entire life of the ward by placing over an electric bulb a paper bag or bath towel.

In these instances, hospitals may be called upon to give free hospitalization to their employees or guests, or in the last instance suffer the costs of small damages by fire, not large enough to report to the underwriters, yet when accumulated, mount up.

That most important question of food! How may we, as nurses, keep down the costs?

1. By thorough study of the needs and the likes and dislikes of the patients.
2. By care in ordering—by daily requisitioning the dietary needs of the day.
3. By care in preparing and serving the food, returning good, unused food to the central diet department, placing all perishable foodstuffs in the refrigerator promptly, and keeping the refrigerator door closed to prevent waste of ice, or power, and spoiling of food.

There are many other suggestions which might be carried out by the most junior student.

We cannot discuss food without dishes, and the breakage of glassware and china is the worry of every administrator. I imagine that as long as we find hospitals with nurses in a rush, and terrazzo floors, that the "broken dish basket", and the weekly exchange of broken dishes will be a necessity. However, I do feel that less haste on the part of the worker might help a great deal to keep down the breakage.

The nurse admitting the patient to the hospital ward has a very important duty to perform, namely, the accurate listing, and safeguarding from loss or harm, the clothing and valuables of the patient. Few nurses realize the number of requests and complaints coming from patients and their friends over some of the personal effects of the patient which have gone astray due, usually, to carelessness on the part of the nurse admitting the patient. As a consequence, the institution is often expected to replace a lost or damaged article, usually at a price greater than the value of the article.

Let us consider next the bed of our patient, stressing the protection of the mattress and pillows, for money spent in recovering and rebuilding the former, would purchase so many things. The stains on mattresses or pillows are largely due to some person forgetting to place the proper protection over the article. The care of linen and blankets is one of great importance. It is rarely the patient who causes stains of chemicals to be made on the linen, and the thoughtless nurse not providing an ashtray for her patient, is largely responsible for the burned holes in the bedding as well as the endangering of life. Nurses should be encouraged to take to the linen room all linen where a hem is undone or a small tear appears, for if the linen is allowed to be soiled and taken to the laundry, a small hole will soon become a large one. Then, too, the extravagant changing of linen should be avoided as each washing shortens the life of the article.

Rubber sheeting demands our careful attention in purchase and care. After use it should be disinfected, cleaned, dried (and the latter not on a warm radiator or lying out in the sun for hours). In fact, any type of rubber goods requires most careful attention to prolong its life. I would suggest too, that unless one has a very cool rubber cupboard, that only the necessary requirements be kept on hand in ward cupboard and general storeroom.

Surgical dressings should be ordered daily as required and the nurse made familiar with the proper size required for the dressing being done, and the proper amount of adhesive necessary to retain the dressing in place. The reclaiming of gauze from clean cases is carried on in some hospitals with success, but it is a comparatively small portion which can be used the second time.

Few ward supervisors, and fewer student nurses, realize the amount of money tied up in the most common drugs, to say nothing of the more expensive tablets and ampoules. Nurses should be acquainted with the cost and composition of drugs, so that drugs which evaporate or deteriorate will not be left uncorked or exposed to strong light. Ointments and vaseline should be dispensed in small containers, and even vaseline for sterilization, for examination, etc., may be provided in tubes, wrapped, and sterilized in the autoclave and, though it may seem expensive, is cheaper and safer in the long run than the vaseline that is allowed to boil over while being sterilized on the ward stoves.

Previously I have discussed certain ward hazards, now let us briefly review what might be termed bedside hazards:

Burns from hot water bottles when the temperature of the water has not been tested and the bottle not inspected before use, and not covered by the proper cover.

The electric appliances such as electric pads and the so-called "Shock Blanket" which when defective, causes severe shocks and small fires. The electric baker, unsuper-

vised in regard to proper wattage of electric light bulbs and length of exposure to the patient.

The overdose of medication.

The lost drainage tube unobserved by a careless nurse which, when not found on dressings, necessitates a trip to the X-ray department and maybe the operating room for exploration. In some hospitals, there is a standing order that patients falling out of bed must be completely X-rayed. The observant nurse will transfer restless patients to a crib and thus omit this hazard and expense.

These and many other accidents help keep up hospital costs due to lengthened hospitalization of the patient, and often the necessary adjustments of accounts in lieu of damages received, to say nothing of the cost incurred if legal proceedings are brought about. Can't we be more careful?

At this time I feel we should think of the value of the nurses' bedside notes and other records. True, hospital stationery costs money, and nurses' time represents money, but these costs may be greatly exceeded by circumstances arising where definite information is not available when most needed, due to incomplete bedside notes. Let us impress upon our nurses the value of charting the necessary information accurately and the legal protection afforded the institution by good records.

These and numerous other things might be mentioned in view of decreasing hospital costs.

It is my opinion that nurses from the earliest time in their preliminary period should be made to realize the necessary care of all equipment, highly polished furniture, enamelware, instruments, needles, etc., stressing also the point that all these and other articles are entrusted to us by the citizens for our use in the care of our patients. A student properly instructed and impressed by the importance of sound hospital management may, with experience and special training, become a good hospital administrator.

Then, too, we as hospital administrators should provide an adequate amount and proper type of equipment necessary for good nursing practice. It is false economy to have insufficient supplies or equipment in the unit, for borrowing tends to carelessness and loss, and the time spent in going from one floor to another in search of an article is wasted, and time wasted represents money wasted.

Health:

Lastly, the nurse who protects her health will rarely become ill and require hospitalization; for the supplying of relief and the hospitalization of the nurse represents the expenditure of money, though we sometimes do not fully realize this fact; and in this connection, do we as hospital administrators, realize our responsibility in the protection of the health of our nurses by supplying proper living accommodation, a well balanced diet, and sufficient help to reduce the working hours of these young women?

Thus in conclusion, we must admit that the nursing personnel plays the major role in bringing about economies which are so desirable. It is not the desire of the administrator to show a surplus in the accounting system at the end of the hospital year; but rather be in a position to provide better equipment in order to facilitate the work of the nurse in the care of the patient. It is this last argument which will most appeal to the nursing group and encourage their co-operation.

A Merry Christmas From the Dietary

By OLIVE J. ARGUE, B.H.Sc.

Figure 1.

SOMEONE just passed along the corridor whistling "Silent Night" sort of softly, and it started a whole train of jumbled and incoherent thoughts about Christmas. The "wheels" finally started turning once again, in that corner of the mind that I think must have been locked up with the Christmas decorations last January, and locked just about as carefully and securely too. (Isn't it lucky there aren't more than twelve months between Christmases—give that portion of our mind much longer to rest, and I'd fear atrophy through disuse!)

After the first hour of bitter struggle to evolve an idea, isn't it a delight the way one thought will follow along on the heels of another, if you really "dig" after them. And then before you know it, you're full of enthusiasm and Christmas spirit, with more grand ideas than you could possibly use in one year. (Let's make one of our first New Year's Resolutions this year, to write down our surplus Christmas brain-waves, for use in December, 1938. I think it would be a luxurious feeling to turn to a file, and find a lot of "workable" ideas, all new and shiny, and never been used, don't you?) Anyway, we "dug" early this year, and this is what we found:

Festive Grapefruit Basket

One could hardly fail to get into the Christmas mood, when the day starts off by your breakfast grapefruit being presented to you in this gay manner. Select a round, smooth grapefruit, preferably as small as possible, because in this form waste somehow does keep to the minimum. On the upper half, cut a strip ⅜" wide across the middle to serve as a handle (See Figure No. 1). The edges can be perfectly plain without having to make any excuses, or you can effect a holiday garb with a fluted edge. To do this we make about five parallel slits in the skin to the left about ⅝" long, and about ¾" apart, on both sides of the handle. Meet these by similar parallel slits running to the right, joining tops to bottoms of the former slashes. Section out the fruit, and if your fruit basket is to have variation, refill it with a mixed fruit cup. The final touch is the bright sprig of holly tied to the handle.

The Candy Baskets

There's something awfully nice about the Christmas hamper—full-of-goodies idea, that has appealed to all since the tale of Dickens. So why not adopt that principle to your candy baskets on Christmas day? The one illustrated in the centre of Figure No. 2 is so easy to make, and yet so effective. Cut red cover paper into a square

(Continued on page 24)

Figure 2.

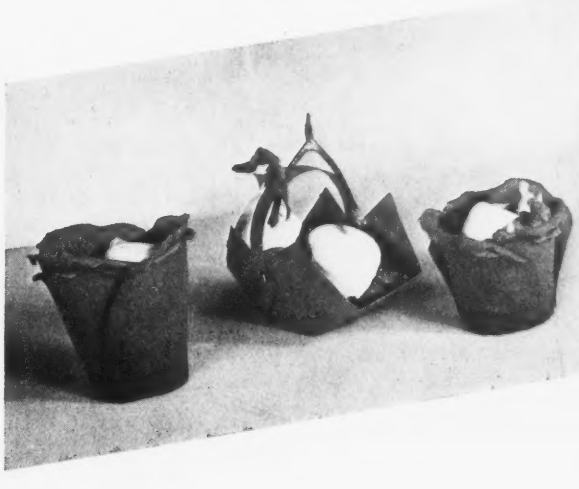


Figure 3.

Christmas G

REV. FATHER VERREAULT.

—from the President

HOSPITALS trace their origin to a Christian expression of brotherly love. The indigent sick were their first and almost only beneficiaries, until just a few years ago. Science and devotedness supported by charity did the work of the Good Samaritan, without any attempt to call in others who suffered physically and morally, but who did not belong to the class of the destitute.

With rapid changes in social relations and astounding developments in all branches of science and industry, the well-to-do found their way to our institutions. So that now we are ministering to rich and poor alike.

Remembering that the Hospital is the house of the Patient and that every impulse of energy of the personnel and every thought and action of moral and financial support, from charitable men and women, are directed towards that suffering member of Christ, with or without means.

To our patients, to all of them, may the ringing of the distant church bells bring the heavenly meaning of the joyous sympathy which they find within our walls, more especially during this Christmas season.

We would like to tell our Doctors how much we admire their untold sacrifices, in their constant fight against death and suffering; but more especially, in the case of the humanly unattractive indigent. There must be a spark of Christian charity in the hearts of every one of them and there surely is a big heart beating in the chest of one, who can seldom find time for recreation and rest. May the remembrance of the Divine Child, who had neither hospital nor doctor, to usher him into the world, help them in solving their professional problems with which we are in perfect sympathy.

To the glorious and increasing bands of Auxiliaries and Hospital Aids we would like to say that their devotedness and unselfish co-operation for the routine workers, and more especially so, during the Christmas season, when their support is so evident, everywhere within our walls.

To the all-year toilers, Boards of Directors, Trustees, Nurses, Technicians, and all Employees comes the message heard on the Judean hills, nineteen hundred and thirty-seven years ago: "Peace to men of good will"!

* * * * *

Depuis les jours héroïques que virent débuter l'oeuvre de Jeanne Mance à Montréal et à Québec l'Hôtel-Dieu du Précieux-Sang, l'hopitalisation des malades indigents et autres s'est développée, à une allure vertigineuse, dans notre pays. La vision du Père Vimont s'est réalisée cent fois et l'atome qui, dans le "grain de sénevé" contenait le germe de l'organisation hospitalière canadienne s'est développé en "un grand arbre" à lui seul, sous la main bénissante de Dieu.

Tout un monde gravite maintenant autour de chacun de ces merveilleux centres qui ont conservé le glorieux titre d'"hôpital". Dans ces foyers de charité et de science, toutes attentions convergent vers un seul centre: le Patient, membre souffrant du Christ. Aussi au souvenir de la naissance de Celui qui fut pauvre et souffrant, les murs de nos institutions disparaissent sous les guirlandes de fête, car c'est la fête de tous nos patients riches et pauvres.

LEONARD SHAV

Pendant que tant de dévouement se déploie, pour ajouter la joie à la sympathie, nous voudrions saluer tous ceux qui disparaissant sous l'annoymat et l'incognito, font rayonner la grande charité du Christ.

A nos médecins, chirurgiens et techniciens, à nos administrateurs, à nos infirmières, à tous les membres du personnel hospitalier du Canada nous adressons l'hommage de notre admiration et le souhait d'une participation

as Greetings!

DR. HARVEY AGNEW.

bien méritée à la joie et au bonheur qu'ils évoquent autour d'eux, pendant ce beau temps de Noël.

A ceux et celles qui ajoutent à leur tâche quotidienne, le souci d'apporter l'aide morale et financière, nous voudrions dire les sentiments de gratitude des ouvriers de l'intérieur. Car nous sentons bien que leur apport revêt toute la grandeur de la charité de la main droite ignorée de la main gauche.

Si ensemble, d'un commun effort, nous ne cherchons que la "Gloire de Dieu au plus haut des cieux", elle viendra sûrement la récompense annoncée par les Bergers: "sur terre paix aux hommes de bonne volonté."

—from the Secretary-Treasurer

CHRISMAS and the true spirit of the Hospitaller are so closely interwoven that for many of our hospital workers, and probably for all, the Christmas season has an appeal which cannot be equalled by any other religious or festive observance. Despite the necessity of studied efficiency and of the consideration of financial and other mundane factors, the spirit of charity and of brotherly love has always been and must always be the guiding principle of our institutions of healing. To that great army of hospital workers—Sisters, nurses, physicians, trustees, technicians, cooks, et al, forty-two thousand in number—this ideal of service and of faithful devotion to duty has long since become an intrinsically ingrained but seldom mentioned acceptance. In the words of Coriolanus, "Sweet mercy is nobility's true badge," and hospital workers, no matter in what capacity they serve their hospitals, may rightly feel that Christmas but epitomizes that spirit of service and of consideration to others which, directly or indirectly, they quietly manifest in their daily work throughout the year.

LEONARD SHAW.

—from the Editor

IT is pleasant after another year of formal editing to be able to relax just for one issue from the discussion of day by day hospital problems long enough to pen a few words of appreciation which somehow seem to come more fluently at a time when we are all getting ready to observe the important festivities of Christmas. The year has been a busy one and a happy one for "The Canadian Hospital." Each month has seen an expansion of its columns, even if only slight, and we feel that we have been very privileged to present such an abundant amount of worthwhile material to our readers. Such contributions have not been brought about without considerable time and thought and it seems a very opportune time to thank, through this column, all those who have helped to make our undertaking a success. Nothing could have been accomplished without the generosity of our numerous writers and to them we extend our premier expression of thanks for they have provided us with a wealth of material that will not be quickly forgotten.

Our appreciation must next go to The Canadian Hospital Council, who foster our Journal and guide its policy. It is with a sense of great pride that we feel ourselves as part of this young and progressive organization that means so much to all our Canadian hospitals. To Mr. C. A. Edwards, our Business Manager, we express our sincere gratitude for his ever ready co-operation at all times and also, to the friend of Canadian hospitals, Dr. Harvey Agnew, who never misses an issue without giving us some worthwhile advice and assistance. To all our readers and to everyone who has assisted in endeavoring to make "The Canadian Hospital" a success, we wish the happiest Christmas you have ever had.

Figure 4.

Figure 5.

4½" x 4½". Divide it again, both ways, into 1½" squares, and fold along your two lines, both up and down, and across. On two opposite ends, slash the two lines in to meet the first cross fold (that is, 1½" deep). Then bring those two ends up at an angle of about 120 degrees, to meet, and to form the sloping edges of our basket. The ends are very quickly secured by a little brass paper clip, which can be made at the same time, to hold the handle in place. If you tie a good luck symbol to the handle, like the wish-bone in the illustration, which can be dried and dipped in gold point, the recipient is bound to feel he has Dame Fortune beginning to smile on him for the year to come.

The two accompanying baskets are made according to the same principle, and from the same Dixie cup, but by simply varying the width of the paper used, you can get either a very dainty basket or a fairly bountiful one. Cut tulip-shaped petals out of red and green crepe paper, having the red paper cut about ¼" deeper than the green. Paste a red petal to each green petal, then roll back the edges over a knitting needle, and then paste it to your paper cup, with one petal overlapping another. After you have filled your baskets with candy, you can coax the petals to half-close over the top of the basket by gently bending and pressing the crepe paper with the nail of thumb and forefinger, at the edge of the cup.

The Santa Claus

This year, we diminished the patron saint, due to his increased popularity, perhaps, but more likely because we wanted to give him the background of a little cottage, and a chimney. So we followed the same general procedure as last year, except that we used the smallest size marshmallow available for the head, and a large crabapple for his body. The house can be made of cardboard in the same manner you would make a box, and the chimney, made of paper, can be inserted in cracks in the roof. Of course, we don't need to tell you the box presents candy when opened, and can be made of any size, either large enough to use as a table decoration, and appease the sweet tooth of many, or be tiny enough for an individual tray

Figure 6.

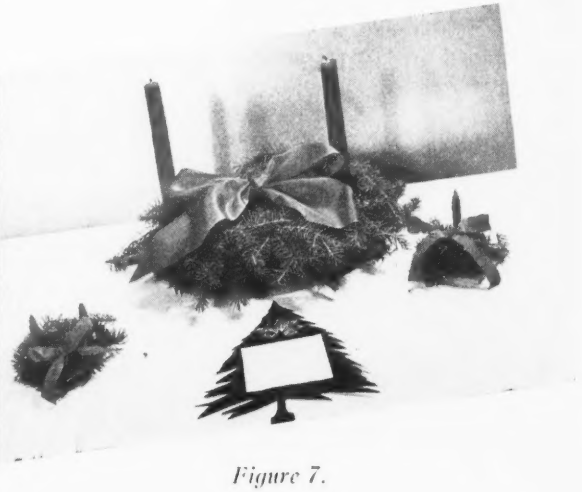
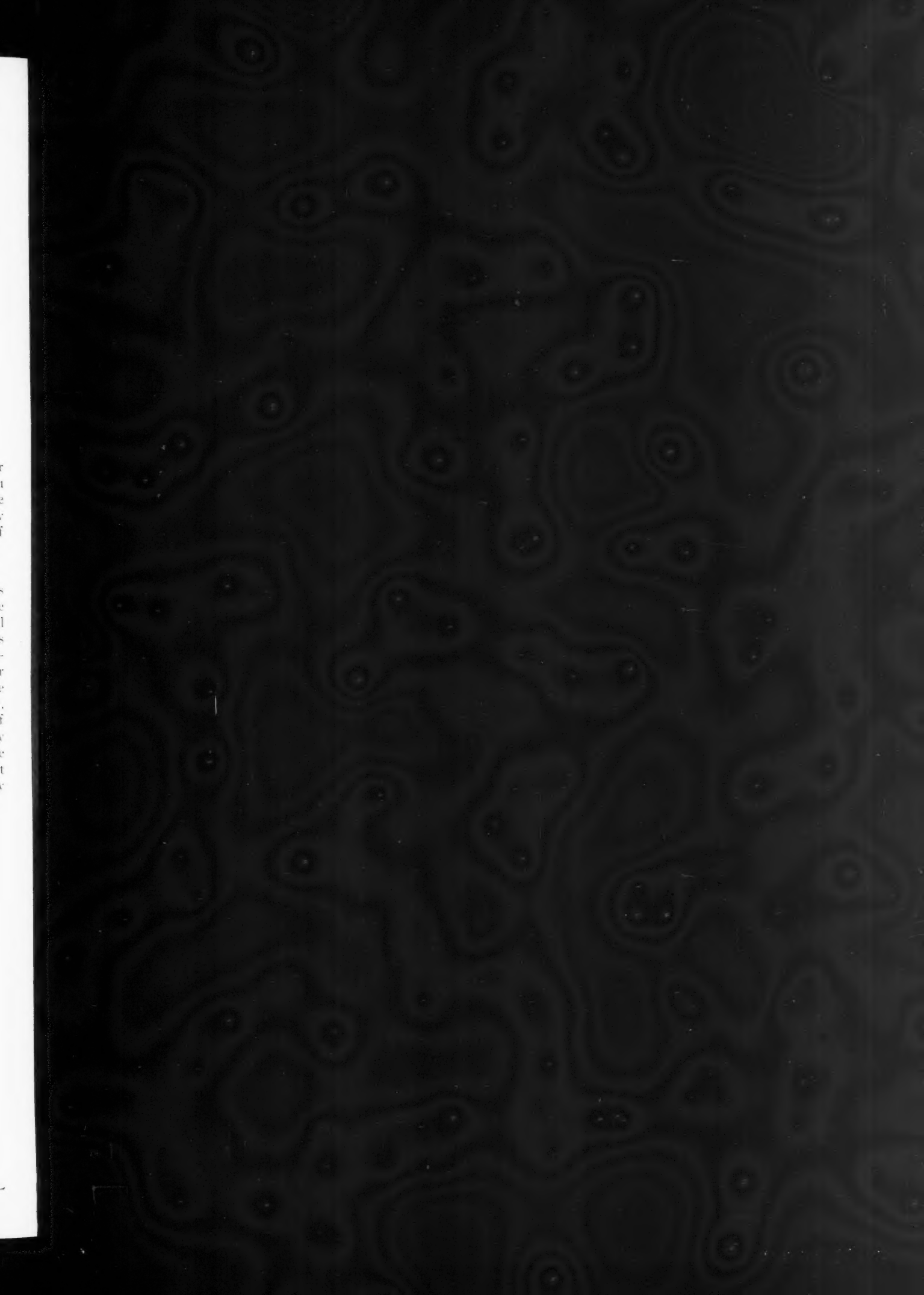


Figure 7.



A summary of the scientific facts on

BRAN

WHAT are the advantages of bran as a laxative? Leading nutrition laboratories have made many studies of this product. Here are their scientific findings:

(1) Bran relieves constipation due to insufficient "bulk." (2) Continued use does not reduce its laxative effect. (3) Bran is a good source of vitamin B (which aids intestinal activity). (4) Bran supplies iron for the blood. (5) The "bulk" in bran is not broken down in the alimentary tract as much as the "bulk" in fruits and vegetables. So bran is often more effective.

Within the body, Kellogg's ALL-BRAN absorbs at least twice its weight in water, forms a soft mass, and gently exercises and cleanses the intestinal tract. It may be used wherever "bulk" is permitted in the diet.

Kellogg's ALL-BRAN may be served as a cereal with milk or cream, or cooked into appetizing muffins, breads, etc. Sold by all grocers. Made by Kellogg in London, Ontario.

1 *Laxative Effects of Wheat Bran and "Washed Bran" in Healthy Men*, pages 1866-1875, *J. Am. Med. Assn.*, May 28, 1932.

2 *The Influence of Bran on the Alimentary Tract*, pages 133-156, *J. Am. Dietetic Assn.*, July, 1932.

3 *Wheat Bran as a Source of Vitamin B*, pages 368-374, *J. Am. Dietetic Assn.*, March, 1932.

4 *Factors in Food Influencing Hemoglobin Regeneration*, pages 593-608, *J. Biological Chem.*, June, 1932.

5 *Further Studies on the Use of Wheat Bran as a Laxative*, pages 795-802, *J. Am. Med. Assn.*, March 18, 1933.

favor. As you may see by Figure No. 3, Santa Claus has no legs this year—no! not an amputation—he has merely started down the chimney.

The Gumdrop Figures

Aren't you always thankful for the gumdrop whenever favors are needed quickly? In Figure No. 4, we have a few simple ideas illustrated. On the left, we see a miniature Christmas tree, blooming in a large gumdrop pail. Set it on a plain white card 3½" x 2", and you have an ideal place card for tray or table. For additional festivity, if you dip the tiny branch of spruce (and it is real Christmas tree, so don't make it too far in advance) in and out of silver or aluminum paint, the effect is very gratifying. It is almost as satisfactory to decorate it sparsely with tiny strings of silver tinsel.

In the centre of the group, the wee doll would win her way into almost any heart. Two gumdrops form her body, a third with the topside foremost forms her head, and strips of the same, beautifully carved, form her arms and hands. An inverted confection container in pastel shades forms her dainty pleated skirt, and of course is fastened between the two segments of her body. The wee containers, 1½" in diameter, just fit her to a tee! For the bodice of her dress, we secure another paper cup between body and head. She has an Elizabethan collar, which is made by inverting the back half of the paper container. For her eyes, nose and mouth we used assorted caraway seeds, in appropriate colors, then made a tiny aperture in her head, and in it secured a perky little hair ribbon.

Our dismal dog is the brother of the one introduced last year, but he looked too doleful to be left out of the picture alone. When you try manufacturing him (and I know you can't resist) do experiment a bit with his facial expression, not to mention the moods he'll express with the set of ears and head. I guarantee you'll have just as much fun out of it as the final owner will!

The Ski Man

You can depict all the activity you desire in the ski man shown in Figure No. 5, just by giving a little freedom to your imagination. Take about 8" of red crepe paper, cut 2" wide, and fold it over ten or twelve times. Firmly pin the loose ends at the top, then at the opposite end, make a vertical slit about 1" long to represent the trousers, then pin each leg securely. To attach his arms make an opening at the armpits, and insert well-pinned, folded crepe paper of proportionate size, and pin it well to represent any desired gesticulation—not too wild! We made the head from a tiny circular piece of cardboard, with an extension for the neck. Features are added, with the mouth assuming any desired expression—and don't forget the rosy cheeks —(in red ink) for the outdoor man. Finely twisted crepe will provide him with a sash at the waist, not to mention a scarf, and bands at the ankle and wrists. We used a 1" square of paper for the toque, folding it for a roll at the front, and twisting it at the back for his flying tassel. Small pieces of cotton wool tucked up the sleeves, serve for mitts, and similarly for his shoes, and his tiny pompoms are pasted down the front of the jacket. Last, but not least, his skiis can be made from a stiff piece of creamy cardboard, ⅜" wide, and 4½" long, rolled up at one end.

There are very few "children" too old to enjoy their cookies, or shortbreads, cut out in symbolic design, as we see two of them in Figure No. 6. It is an easy matter to get a tree of suitable size, then trace it out on white cardboard, and cut the dough out around that pattern. Colored caraway seeds make such dainty looking tree lights, with an outstanding one for the top of the tree. Saint Nick (in shortbread) on the right, can be designed in the same manner, either in profile, as he appears here, or if you prefer, in full view! A very small "star tube" piped the icing on to form the traditional wool trim to his suit, and toque, as well as his beard, while the same caraway seeds formed the eyes and eyebrows. With a little forethought, many more designs can be executed, and I know the results will justify the additional work.

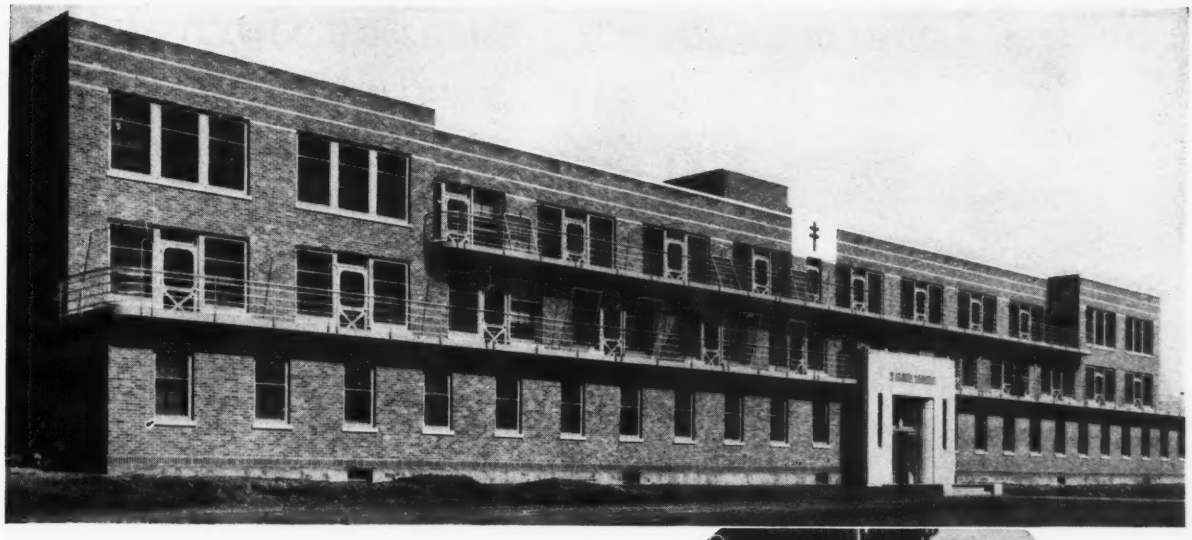
It goes without saying that Christmas immediately calls to everyone's mind Christmas trees and tall red tapers. In Figure No. 7, we combined the two as a table decoration, in the centre figure, and as a tray favor in the two small ones. The large decoration has for its foundation a light circular board about 9" in diameter, an ordinary cheap breadboard is fine for the purpose. About 1½" from the outside edges, and parallel to each other, we stuck two of our tapers, melting the wax on the bottom to make them permanent. Cover the bottom with branches of Christmas tree, and be liberal in the way you bank the tapers with Christmas tree branches, and you'll be very pleased with the effect you get. Between the two candles we put a very gay bow of red grosgrain ribbon, 3" wide. The same idea is carried out in the smaller models, except that the board need only be about 3" to 4" in diameter, and the taper is a birthday candle. I think you'll love these decorations—they really are elegant in their simplicity. Besides carrying out the Christmas colors, the aroma of pine trees would give zest to any appetite.

With the motif in mind, we cut out Christmas trees, from heavy green cover paper, making the tree about 9" tall, and about 5½" across the widest portion. With a symbolic sticker at the top of the tree, it makes a very attractive carrier for the menu printed on plain white paper. See Figure No. 7.

And now armed with the foregoing "weapons" augmented by your own excellent plans, I hope Christmas Day may be the best of your experience.

British Columbia Endorses the New Financial and Statistical Returns

Information has been received that the forms for Financial and Statistical Returns adopted by the Canadian Hospital Council in September have been accepted by the British Columbia Hospitals' Association, effective January the 1st, 1938. These forms have been evolved after several years of study by the Committee on Accounting of the Council and the Dominion Bureau of Statistics, with the co-operation of hospital workers and provincial governments throughout Canada. The early adoption of these forms in the different provinces, which is now under way, will make it possible for us to have uniformity in statistical returns, and will render our statistics of much more value than in the past, particularly for comparative purposes.



St. Lawrence Sanatorium, Cornwall, Ont.

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There is a Moffat Model to suit your individual needs that will give a long life of constant, dependable, care-free service.

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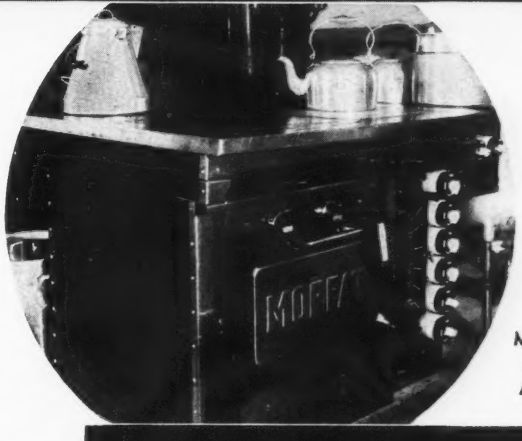
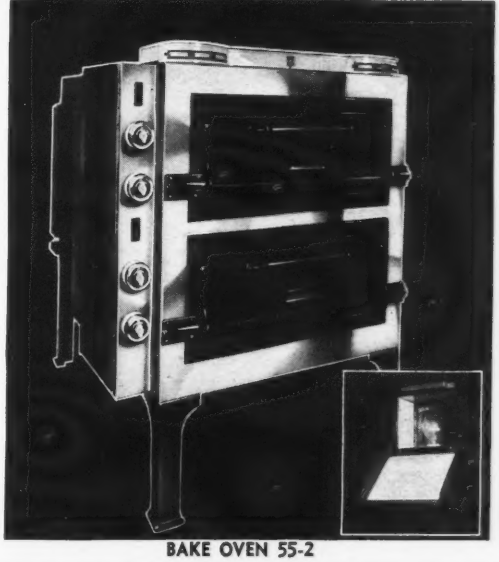


MODEL E-50 Above



BAKE OVEN 55-2

MOFFATS LIMITED

WESTON · ONTARIO

The St. Lawrence Sanatorium, at Cornwall, is Charmingly Located

By A. D. LAPP, M.D., D.P.H.

ON an elevation affording a sweeping view of the mighty St. Lawrence River stands the latest addition to the list of Canadian hospitals for the treatment of tuberculosis, the St. Lawrence Sanatorium.

This beautifully situated institution is five miles east of Cornwall, Ontario, and seventy-five miles west of Montreal. The provincial highway skirts the river bank a few hundred yards below the buildings, and while far enough away not to be disturbing, the constant stream of traffic provides interest that is diverting to the occupants of the wards. The river itself is the gateway to the Great Lakes, and many large freighters ply up and down every day and night during the navigation season. As they come and go from all parts of the globe, the sight of them is stimulating to the imagination. Looking across the river, away to the south, several towns can be located by the glistening of church steeples in the sun. Beyond and blending into the blue distance, the Adirondack Mountains make a fitting background for the wonderful panorama responsible for this being perhaps the most charmingly located sanatorium in Canada.

External construction of a combination of light coloured brick and stone gives a very pleasing effect to the group of buildings comprising the institution. This consists of a Nurses' Home, a power house and laundry, and the hospital building.

The central or main building, although three floors high, has a long low appearance from the front. The stepping back of the two upper floors to provide balcony space probably accounts for this. The beauty of the building has been preserved, however, by the ship's promenade deck effect produced by these balconies and the five bar aluminum railways running the full length.

The entrance, built of stone, has an effect of dignity and ornamental beauty. Fluted half pillars flanking the doorway, a polished aluminum sign with the words, "St. Lawrence Sanatorium", and, at the sidelights, wrought grilles of polished aluminum in twining flower design all enhance this effect. A large double barred cross of red vitrolite set into the stone, just below the roof, proclaims the nature of the institution.

Concealed radiation lines the vestibule from which a broad staircase three steps high leads to the floor of the foyer. The foyer has an air of spaciousness enhanced by the Bar Lux lighting fixtures designed to give it height. The walls and ceiling are in Spanish-finish plaster. The floor is of camel shade terazzo with a central, coloured terazzo design ten feet in diameter.

A feature new to the hospital field is a terazzo dado five feet high which runs through the foyer, all corridors and

The Clinic, illustrated at top, is well equipped. The two upper floors are stepped back to provide desirable balcony space.

Eighteen four-bed wards, as illustrated at bottom left, provide most of the accommodation.

the kitchen unit. This gives a finished appearance of cleanliness that could not be obtained otherwise. The durability of this dado, as compared with plaster and paint, cannot be overestimated. Cleaning and polishing merely has the effect of improving it, and there is nothing to be renewed.

Central service to all wards and dining rooms was the objective in planning the kitchen unit. Kitchen and dining rooms open off the corridor of the main floor to the right of the foyer. Food is brought in the far rear entrance, and stored in the pantry and refrigerators which occupy that end of the unit. There are three large refrigerators at different temperatures, to suit the storage of meats, dairy products and fruits. Opening directly into the kitchen is a reach-in refrigerator for salads and desserts.

Kitchen equipment, wherever possible, is finished in stainless steel or monel metal. Staff dishes are washed separately from the patients'. Equipment for this, with a salad table, occupy the left wall coming up from the refrigerators. To the right are the baking table with marble slab top, the cooking units and the work tables. The cooking units consist of heavy duty electric range, three-compartment bake oven, and the steam cookers and stock pots. A long stainless steel table with compartments for bread storage runs along the right side of the electric cooking units. Two four-slice toastmasters, on one end of this table, turn out the toast as fast as it can be buttered and put on the trays. On the other end of the table, the latest model slicer takes care of bacon, hot and cold meats, vegetables and any shredding for salads.

One half of the kitchen space is taken up by the equipment described, and the other half is devoted to the serving of trays and the dishwashers for patients' dishes. Attractively set-up trays, with white paper tray clothes, floral design dishes and name cards, are taken from the rack and served cafeteria style while the food is freshly cooked and hot. From the serving rails, they go directly into an automatic lift which takes them swiftly to the upper floors where nurses and attendants are waiting to carry them directly to the patient. After the meal trays are returned to the kitchen by means of the same lift, and cleared on a table right at hand. Dishes are scraped, stacked in the wooden trays and put through the automatic dishwasher and sterilizer with a minimum of handling.

Dining rooms for staff and patients are located off the corridor opposite the kitchen. At the end of this corridor is a large assembly room fitted up with comfortable leather furniture and very attractive lighting fixtures. The feature of this room is the sound proofing treatment of the ceiling. This effectively prevents any re-echoing so common in fire-proof buildings with hollow tile walls. Folding chairs from a store-room at one end make it possible to easily convert this room into a meeting place where church services may also be held.

Down the west corridor, from the foyer, are the administrative offices, board room, examining rooms, laboratory, X-ray and operating suite.

Stainless steel equipment throughout the examining, treatment and operating rooms produces an effect of durability and efficiency.

The surgical unit is equipped to do any minor or major surgery that may be necessary. The latest model Scanlon Balfour operating table and Heidbrink gas-oxygen anaes-

The bright, spacious kitchen, two views of which are shown, is exceptionally well planned and equipped.

In centre is a view of the assistant medical superintendent's suite.

ALMA M. BARTER, Reg. N.,
Lady Superintendent.

The entrance has been given very pleasing and dignified treatment.

A. D. LAPP, M.D., D.P.H.,
Medical Superintendent.

thetic apparatus are the two major items of equipment. Holophane lighting fixtures throw a bright light with a minimum of shadow over the operating field. The new Heidbrink oxygen tent is part of the equipment kept in this unit for post-operative and emergency treatment.

An X-ray suite equipped with the 1937 General Electric shock proof unit adjoins the operating room. The film storage and viewing room is next door, in order that wet films may be seen when occasion arises. A fully equipped laboratory for doing routine examinations and cultures, a pharmacy, examining room and dental clinic complete this section of the building.

Little need be said of the administrative offices, except that ample space has been provided, and that they are fitted with high quality durable furniture. The business office is open to the foyer by means of a counter. The telephone switchboard and the radio control are located in this office. Two receiving sets compose the central radio equipment. These are both operated at the same time, making it possible for patients to have a choice of program. This is accomplished by means of a selector on the cord of the head set.

The ward floors are reached by means of a passenger elevator large enough to accommodate a patient's bed. The elevator carriage is quite attractive with light buff marble colored walls and Bar Lux lighting fixtures. The feature of this carriage is the automatic inner door providing added safety.

Planning of the ward floors has aimed at reducing noise as much as possible. The vestibule at the elevator is enclosed and opens into the nurses' station, the cleaner's cupboard and the corridor. All floors except the wards are battleship linoleum laid in concrete and acoustical treatment of the ceilings effectively absorbs all noises, making the wards very quiet.

The corridors are wide and straight, permitting a clear view from end to end. Concealed radiation provides heating and there are no structural or other fixtures projecting from walls or floors. Night lights are concealed by a louver grille near the floor and the same type of night light is used in the wards.

On the second floor there are six single bed wards and fourteen four-bed wards. Six single wards, ten two-bed wards and four four-bed wards on the third floor complete the patient accommodation.

The equipment for each bed is the same. The beds are all equipped with complete gatch frames, rubber bumpers and large casters equipped with a foot brake. One piece Spring-Air Mattresses make a very comfortable firm bed. Bedside tables are of the standard type with stainless steel tops. The overbed tables have the central section so designed that it can be used in four positions, one for table, one for reading, one with the mirror upright and the fourth with the mirror arranged for a recumbent patient. A steel chair for each bed completes the furniture which is all walnut finish. There is a built in cupboard for each bed. This is ventilated by means of a slot under the door and an open grille above the door.

Reading lights are neat and attractive fixtures on the wall. Below each light, a panel provides outlets for radio and signal cord. Two spare outlets have been installed. The signal system button when pressed sounds a buzzer in the nurses' station. At the same time, a lighted number appears on the indicator panel, a green light is switched on over the ward door, and a small green light comes on over the patient's bed. This facilitates the answering of signal.

Venetian blinds of a natural shade with turkey-red tape have been used throughout on the wards and also on all the front and end windows of the main floor, contributing very materially to the attractiveness of the building.

The Lady Superintendent is Alma M. Barter, Reg. N. Miss Barter is a graduate of the Toronto Hospital for

(Continued on page 42)

Christmas Suggestions for the Hospital Tray

Decorations, Favors, Menus for Private and Public Patients and Special Diets

Department of

The Canadian Dietetic Association

Conducted by
Ruth Davidson Reid, B.A.

James A. Ogilvy's Limited, Montreal

CHRISTMAS menus are a delightful combination of the traditional and the original; the ever popular turkey and plum pudding with interesting accompaniments of Christmas cocktails, salads, desserts, favors and decorations. No matter how busy the Christmas season is for the hospital staff there is always a splendid effort made to make the day cheerful and interesting for the patients. Gay favors and attractive trays help to make the invalids forget that they are shut away from the usual Christmas festivities.

It is the special decoration or little "extra" on the tray which first attracts the patient's attention. Santa Claus, ski-men, snow men, Christmas trees and a whole menagerie of cats, dogs, rabbits, elephants and penguins are both decorative and edible and create a great deal of interest for children and adults alike. For a realistic Santa Claus use a red apple for the body, a large gumdrop for the head, topped by a cherry cap, currants and cherries for the eyes and nose, pulled marshmallows for the hair, beard and fur trimmings, colored gum drops for arms and black gum drops for boots and feet.

Snow men with marshmallow bodies, jelly bean or gum drop legs and arms and cherry hats are easily made, as are ski men of gum drops with red or green shirts and white slacks, skis made of orange peel, colored tooth pick ski poles and red wool scarves.

A little originality, deft fingers, and a few candies and fruits will make amusing animals. Cats are merely prunes and raisins with cocoanut whiskers; rabbits are marshmallows with pink paper ears; lanky dachshunds have long fondant bodies, fig ears and gum drop legs. Realistic penguins consist of a prune stuffed with fondant with half peanuts or almonds for feet. A Japanese orange will become an elephant, a bit of the skin peeled back making the trunk, ears and tail, while gum drops make the legs.

A more elaborate favor is a candy Christmas tree—the "trunk" of barley sugar is wrapped in green cellophane and an inverted cornucopia of green cardboard forms the foliage. On the tree are "parcels" of colored gum drops wrapped in cellophane, fastened through the tree by tooth picks. The whole tree is set in a base of a marshmallow iced with chocolate.

A "nosegay" of colored gum drops wrapped in clear cellophane with a paper doilie frill is a familiar decoration but it is always attractive.

There are several place cards which are easily made—a candle in a marshmallow or gum drop base with a handle of a "life saver" tied with red satin ribbon with a name card attached; a "boat" of a half walnut which has been gilded, with a gilded tooth pick mast and red cellophane sails; or a turkey made of a small pine cone for the body, pleated paper (the case ordinarily used to hold chocolates) for the tail, red cherry for the gobbler and pipe cleaners for the feet.

Hand painted menus, or those printed on a card cut in the shape of a Christmas tree, or even a menu printed in red with a bright Christmas seal will add interest to the tray. Colored paper serviettes and tray covers will brighten it further and decorated cups for candies and nuts are usually added. The simplest of these is a paper souffle cup covered with red crepe paper or tied with bright cellophane ribbon, or it may be a fancy box cut from red or green cardboard with a Santa Claus or Christmas tree painted on it, or added in the form of a sticker. A simple yet artistic container for candies is a small white box of the variety usually used for wedding cake, tied with a band of red satin ribbon. One of the most delightful of Christmas trees is made with a colored tooth pick for the stem, a gum drop for the base and six pointed stars in diminishing size of green cellophane and silver paper arranged in pairs on the tree trunk.

The food itself lends to decoration in form and color—cranberry juice, rhubarb juice or tomato juice cocktails, fruit cocktails or fruit cups for dessert of white fruits cut with a melon ball cutter, decorated with red and green cherries and mint leaves; canapes in star, bell or Christmas tree shapes; Poinsetta salad of a tomato cut with five petals, asparagus stalks and chopped egg to decorate the center; fruit salads with decorations cut from firm red and green jelly; cookies shaped as Christmas wreaths, trees, stars or bells decorated with colored sugar, candied fruits or silver dragees; small iced cup cakes with decoration of red candle, hard red candies and green angelique leaves; red or green turkish delight and candied orange peel; in fact there are no limits to which one's imagination may lead in preparing Christmas food.

But in addition to decorations there must be attractive menus and here are some which have been used with success in several large Canadian hospitals.

PRIVATE PATIENTS

Dinner Menu No. 1

Fruit Cocktail Supreme (fruit sections with red and green cherries)
Celery and Olives

Roast Turkey, Spiced Cranberry Jelly
Riced Potatoes Parsley Carrots and Green Beans
English Plum Pudding, Hard Sauce
Nuts Mints Raisins

Favours of Santa Claus holding a candle, Holly, Silver and Red Nut Cups, Green and White Doilies

Dinner Menu No. 2

Fruit Cocktail of Casaba Melon Balls, Fresh Pineapple, Grapefruit and Port Wine Jelly Stars, accompanied by potato chips, with a spray of chicory and bits of cherry to simulate holly.

Ripe and Green Olives, Celery Feather, Raddish Rose and Cress
Consommé with Flaked Brazil Nuts
Roast Turkey with Stuffing, Giblet Gravy and Cranberry Sauce
Duchess Potatoes, Julienne Carrots and Green Peas
Plum Pudding, Brandy Sauce
Water Ice Nuts Russian Mints

Dinner Menu No. 3

Fruit Cocktail of Maraschino Cherries, Grapefruit, fresh Pineapple, Grapes and Banana, topped by a cherry and mint leaves, accompanied by a small lettuce cup with a radish rose, large ripe olive and two cheese straws (one star and one stick)

Consommé Royal
Roast Turkey with Dressing
Giblet Gravy
Cocktail Sausage and Cranberry Jelly
Creamy Potatoes Cauliflower Fresh Green Peas
Plum Pudding, Brandy Sauce
Lemon Water Ice
Nuts Raisins Mints

Supper Menu No. 1

Cream of Spinach Soup
Combination Vegetable Salad with Cheese Dreams
Vanilla Ice Cream, Tutti-frutti Sauce
Christmas Cake
Favors of red candy canes tied with green ribbon and holly

Supper Menu No. 2

Cream of Chicken Soup
Fruit Salad
Vanilla Ice Cream with Fresh Raspberries
Christmas Cake
Favors Crackers Holly

Supper Menu No. 3

Cream of Pea Soup with Whipped Cream and Paprika
Cold Roast Duckling, Spiced Pears
Tomato and Cress Salad
Ice Cream Strawberry Sauce Christmas Cake

Supper Menu No. 4

Tomato Juice Cocktail with assorted hors d'oeuvres
Chicken à la King
Head Lettuce Salad with Vinaigrette or Boiled Dressing
Fresh Pineapple
Assorted Cakes — Shortbreads, Genoese Cakes, Light Fruit Cake, Christmas Cookies, Butterscotch Muffins with red and green cherries

Supper Menu No. 5

Cream of Mushroom Soup with Melba Toast
Jellied Chicken in star moulds, garnish of Cress, Celery and Stuffed Tomato
Vanilla Ice Cream, Cherry Sauce
Shortbread Christmas Cake
(Stars, Bells, Trees)

PUBLIC PATIENTS

Dinner

Clear Tomato Soup with Crackers
Roast Turkey with Dressing, Gravy and Cranberry Sauce
Mashed Potatoes Baked Squash
Plum Pudding, Brandy Sauce
Or Ice Cream with Fancy Centre
Coffee Candies
Fruit Plate with a red glazed paper doilie, Grapes, Oranges, Bananas and Apples

Favors of a Christmas cracker, and a decorated cup with hard candies, colored grapefruit and orange rind and simple homemade candies, candy cane, colored paper serviette and tray cover

Menu printed on Christmas Tree form

Supper

Cream of Pea Soup
Cold Meat and Chili Sauce
Baked Potatoes
Cherry Cake Preserved Peaches

The children's menus are suitable to their needs and they are delighted by all the favors and decorations, with the addition of Santa Claus ice cream and cookies.

It is amazing how many patients are put on a full diet the day before Christmas, but still there are a few who must have soft diet. These sample menus have been used with success for private patients.

Menu No. 1

BREAKFAST—Pineapple Juice
DINNER—Tomato Bouillon
Mushroom Omelette
Lime Jelly, Whipped Cream, Red and Green Cherries

SUPPER—Tomato Juice Cocktail
Chicken à la King
Soft Fruit Cup, Whipped Cream and Green Cherry

Menu No. 2

BREAKFAST—Orange Juice

DINNER—Consommé
Creamed Sweetbreads
Cranberry Sponge, Custard Sauce

SUPPER—Cream of Spinach Soup
English Cream
Peppermint Stick, Ice Cream

Menu No. 3

BREAKFAST—Grapefruit Juice
DINNER—Consommé
Creamed Oysters
Poinsetta Jelly with Whipped Cream
SUPPER—Tomato Juice
Cream of Asparagus Soup
Custard
Ice Cream

All trays for soft diets were accompanied by all the gay Christmas decorations and garnishes which the other patients enjoyed.

Liquid diets can include nothing more seasonable than cranberry juice cocktail, tomato juice and tomato soup, but these patients, too, can admire the decorations, favors, and fancy menus.

Christmas menus may be adapted to special diets, and a hospital noted for its work for diabetics submits these suggestions.

Christmas Dinners for Diabetics

Tomato Bouillon
Roast Turkey—no dressing or gravy
Cranberry Relish
Squash Duchess Potatoes
Plum Pudding, Caramel Sauce
Hard Candies Salted Almonds
Coffee with Milk

Supper

Vegetable Soup with Saltines
Cold Ham, Pepper Relish
Potato Salad with Tomato Slices Celery Hearts
Fresh Fruit Cup
Meringues Tea

The diabetic dinners were served in the wards as ward trays, except for the plum pudding and sauce, almonds and candies. The puddings were made by a special low calorie recipe and were served with a small measured amount of sauce. The almonds were salted in mineral oil, and a weighed amount of almonds was used to substitute for the patient's butter. A weighed amount of hard candies, to substitute for a portion of the patient's bread, was combined with the nuts and served in a red and green nut cup. With each diabetic dessert and nut cup and menu went a slip of paper specifying the special dessert and nut cup and stating that no gravy or dressing was to be served. No bread, butter or sugar was allowed with this meal. Milk was allowed for the coffee.

The suppers were made up as usual in the metabolism kitchen, and sent as specially prepared trays to the wards. The ham used was very lean. The potato salad, mixed with a mineral oil dressing, was substituted for an equivalent amount of bread, as were the saltines and meringues. Bread, butter and milk were given in their usual weighed or measured amounts.

All other special trays were cancelled for dinner and were given a regular ward tray. For the convalescent sippies a special strawberry juice jelly was used instead of the pudding.

Recent Advances in Dieto-Therapy

By ELEANOR KNOX
Dietitian, Moose Jaw General Hospital
(Continued from our November issue)

Confused Dietetic Factors in Hypertension

Many theories involving diet have been advanced in regard to the cause of hypertension or high blood pressure with its association with nephritis and cardia conditions. One theory is that a high protein diet is a causative factor and meat is eliminated entirely from the diet. Some have attributed the cause to the purins contained in the meat. Another theory is that an acid ash balance in the blood stream is a cause—fruits and vegetables are stressed and meats and cereals kept low. Others advocate a low fat diet and still a fourth theory is that salt is a determining factor and therefor a "salt free" diet indicated. Alcohol, tobacco, tea and coffee as well as condiments, have all been suggested as offending substances. But so far, we have only the results of clinical experience for a guide—not a very definite one, unfortunately. The most effective routine seems to be to follow the same precautions as those taken in mild cases of nephritis and cardiac conditions.

Importance of Diet in Tuberculosis

The important factors in the dietary treatment in tuberculosis are: to supply ample but not excessive calories. In the past the treatment was generally a vigorous attempt to force food because the disease was generally associated with weight loss and emaciation. The present day belief is against overfeeding. In this respect attention should be called to avoid the time honored effort of using excessive amounts of milk and eggs. The total intake should be given in well balanced meals and forced feeding avoided. Second, generous amounts of fat, especially butter and cream, should be given according to the patient's digestive capacity. Fat increases very little the respiratory volume. Third, a moderate amount of protein should be allowed. Protein destruction is not so great in tuberculosis as it is in typhoid fever. Fourth, there should be moderate restriction of carbohydrate since carbohydrate causes an increase in the respiratory volume by increasing the carbon-dioxide elimination. Fifth, minerals and vitamins should be liberally supplied, especially foods high in calcium and vitamin D. The need for a well balanced diet is more urgent in a case of tuberculosis than in health.

Blood Regeneration in Secondary Anaemia

In secondary anaemia the object of the diet is to provide foods most effective in promoting blood regeneration. Certain foods have been studied in respect to their blood building properties. The effect of the ingestion of iron as obtained from foods is apparently improved by the associated presence of sufficient copper and manganese. Foods which carry the highest combination of these three minerals are indicated in secondary anaemia.

Food Allergy

Sensitivity to certain foods or food allergy covers a wide range of disturbances including asthma, eczema, hives, nausea, convulsions and even malnutrition. Foods which cause such allergic disturbances are usually protein

in type. By careful attention to the foods eaten and the appearance of the disturbance the offending food or foods may be discovered, but the sensitization, or skin test, now in general use, provides the quickest and best means for identifying the irritating food factors. Once the foods have been identified two courses are open—first, to immunize the patient gradually to these foods or second, to limit the patient to diets which do not include the irritating foods. It is not always desirable to avoid allergy-causing foods, as for example, milk in the diet of a child. Then the immunizing treatment is best. Fortunately, it is possible to do this by mouth and beginning with doses so minute that they cause no reactions, the amount is gradually increased until ordinary food portions can be tolerated.

Insulin Treatment for Alcoholics

Among the more recent development in diet therapy one of the most interesting has been the use of protamine insulin with high vitamin A in the treatment of alcoholics. The treatment consists of hospitalization and a carefully calculated diet with no substitutions for foods not eaten. The protamine insulin is given before meals. The reactions are as follows: the patient has no appetite. If he refuses to eat he suffers an insulin reaction, becomes frightened, and takes food. The result is a gradual reduction of alcoholism and general improvement in health and mind. This procedure has been used with success at the King County Hospital in Seattle.

More and more there is a tendency to treat all diseases upon the basis of the normal physical requirements. Special diets are modifications of the so-called normal diet —they vary from the usual in consistency, residue, content of nutrients, calories, minerals or vitamins but any departure from the normal requirements should be for short periods only.

Although the past year has seen few startling discoveries in nutrition research and its application in diet therapy there is a great deal of investigation going on in nutrition laboratories. The intensified study of the nutritive value of foods, changing many of our old ideas, the purification, chemical nature, and physiological effects of the more highly purified vitamins, the mineral requirements of children and adults are among some of the subjects which commend the attention of an ever widening group of workers. The next few years should show extremely valuable developments in nutritional research and the relation of these developments to diet-therapy.

NOTICE RE FEES

Fees for the Canadian Dietetic Association are payable to

Miss Kathleen L. Jeffs,
T. Eaton Co., Limited, of Montreal,
Montreal, Que.

Applications for membership should be made to
Miss Alice Stickwood,
Macdonald College,
St. Anne de Bellevue, Que.

Ontario Hospital Association News

IT is with much personal pleasure that the writer offers congratulations to the Honourable Harold J. Kirby on his acceptance of the Ministry of Health for the Province of Ontario. Having known Mr. Kirby intimately since his early boyhood, I am in a position to know of his sterling qualities of character, his splendid ability and his profound interest in the welfare of his fellow men.

He is a clever lawyer and an astute business man, and although not a doctor, he is well surrounded in his Department by able men in the medical profession. Having the responsibility of safeguarding the health of the people of Ontario, the operation of a large group of Government Hospitals and the general supervision of all the public hospitals, he has a very heavy administrative task upon his hands.

We are certain he brings to this task the qualities which make for success and he has our very best wishes. Also, we wish to assure him that the public hospitals of the Province through the Ontario Hospital Association will be pleased to co-operate with him in every development which will make for more efficient and economical operation of hospitals in Ontario.

The public hospitals of Ontario would have a job big enough for all those interested if it consisted only in keeping up with the modern scientific development in hospital buildings, equipment and operations, and these institutions were not constantly harassed with the problem as to where the funds are to come from to meet the daily needs.

New difficulties seem to arise every few months to discourage the fine groups of men and women throughout the Province who are making possible, these voluntary institutions of mercy.

At the moment, the most pressing difficulty is that labor within the hospitals particularly in the larger centres, is demanding a much higher wage and the hospitals are at their wits end to know where the money is to come from to meet these demands.

No other citizens in Ontario are more in sympathy with the policy of men and women receiving a fair living wage than those who are operating hospitals.

However, the balance between revenues and expenditures in these public utilities is very small and frequently on the wrong side of the ledger.

What makes the difficulty more acute is the fact that most of these revenues are fixed by the laws of the province so that the hospitals of themselves have no power to increase them.

We have no intention of leaving in the minds of the readers of this discussion, the thought that we are blaming the Government for this condition. It would be totally unfair to do that as the Provincial Government has at all times met our Association in a spirit of genuine sympathy with our demands.

It must be said, however, that during the last few years particularly, many of the municipalities in the Province have made it appear that they consider the rates which they pay for their indigent patients, to be too high. The fact is that these patients are their responsibility and if they were obliged to care for them in their own institutions, the cost to them would be much greater than at present.

* * *

In the passing of Mr. Oliver W. Rhynas of Burlington, the Ontario Hospital Association has lost a great friend. Mr. Rhynas never took any part in the discussions at conventions or meetings, but he was practically always there standing behind his illustrious wife who has done so much for these institutions. It has been the privilege of the writer to meet Mr. and Mrs. Rhynas at hospital meetings many times in all parts of the Province, Mrs. Rhynas being present to assist and Mr. Rhynas seeing to it that she reached these meetings safely. We learned to admire him very much. We know the terrible and irreparable loss which Mrs. Rhynas and her family have suffered and we extend out deepest sympathy.

* * *

As this goes to press, we sincerely regret to learn of the sudden death of Mr. Thos. Maher of Perth. Mr. Maher has been a trustee of the Perth Hospital for many years and also a valued member of the Board of Directors of the Ontario Hospital Association. The sincere sympathy of the Association is extended to Mrs. Maher and family and also to his associates on the Hospital Board in Perth.

Fred. W. Routley.

* * *

Women's Hospital Aids Association
Province of Ontario, Canada

— 1865 — — 1937 —

Pre-Christmas Thoughts

As Hospital Aid members, we are pledged to benevolent service and at no time of the year is the hand of the Lady Bountiful more in evidence, in and out of the hospitals. It is a rare privilege for those who engage in this work to experience the heart warming satisfaction from the knowledge that the individual contacts are so greatly needed and genuinely appreciated. It was Colton, who said, "God will excuse our prayers for ourselves whenever we are prevented from them by being occupied in such good works as to entitle us to the prayers of others."

Confucius said, "True benvolence is to love all men, recompense injury with justice and kindness with kindness."

The disposition to give a cup of cold water to a disciple is a far nobler property than the finest intellect and every fresh act of benevolence is the herald of deeper satisfaction. Every charitable act is a stepping stone toward Heaven.

As this is the season for re-kindling the fire of true benevolence, may we, each and every member re-dedicate ourselves to a deeper and finer sense of our responsibility to our fellowmen. If we have been blinded throughout the year by a store of material things, let us clean house, as it were, let us set our house in order, that the true spirit of

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Here and There in the Hospital Field

By HARVEY AGNEW, M.D.,
Secretary, Canadian Hospital Council

BRANDON, MAN.—A recent decision in the County Court is of interest to those hospitals, some of whose patients are permitting their hospital accounts to go to the municipality for payment, the municipality being liable only for a maximum of $1.50 per day. By this decision, even if the municipality pays the bill under statutory provisions, the person contracting the account is still liable for the balance between the hospital charge and the municipality's settlement.

* * *

FORT QU'APPELLE, SASK.—Mr. W. H. Madden, chief purchasing agent, Fort Qu'Appelle Sanatorium, Fort San, Saskatchewan, passed away on November 5th, and was buried on Sunday, November 7th. The late Mr. Madden was a gentleman of sterling character, beloved by all his associates, and his passing will not only mean a great loss to the institution which he served so faithfully during the last nineteen years, but to his many friends in the business world.

* * *

LONDON, ONT.—Doctor Geo. H. Stevenson, Superintendent of the Ontario Hospital (Mental), speaking before the School for Municipal Officers at the University of Western Ontario, suggested that elderly persons suffering from senile dementia be placed in county houses instead of regular mental hospitals. This wouuld mean the equipment of a special ward and the engagement of a registered nurse, but it would be appreciated by the patient and would give the overcrowded mental hospitals more time and opportunity for treating the potentially curable cases.

* * *

LONDON, ONT.—The London ratepayers will be asked to authoritize a civic grant of $200,000 towards a new $400,000 unit for the Victoria Hospital at the December elections. The remainder of the cost would be provided by the Meek Estate and the Ontario Government. It is proposed also to enlarge the Board with one more elected representative and an additional trustee representing the Meek Estate and donors. It is proposed to set up a London Hospital Association with the thought of creating greater public interests in the hospital.

* * *

MONTREAL, QUE.—A special committee of the Montreal Junior Board of Trade has just published a lengthy report on Group Hospitalization. The report is favourable to the principle involved, and recommends its adoption for Montreal. Recommended details and provisions are reviewed in the report.

* * *

PICTOU, N.S.—The Pictou Memorial Hospital has received a splendid gift in the form of a large collection of surgical instruments presented to it by Doctor Alexander Primrose of Toronto, former Dean of the Faculty of Medicine in the University of Toronto. In disposing of his very valuable collection of surgical instruments, Doctor Primrose's first thought was of the hospital in the town where he was born.

* * *

TORONTO, ONT.—The Hospital Employees' Union has been demanding higher wages for the personnel in certain Toronto hospitals, and, in view of the fact that the hos-

pitals with their limited incomes cannot afford to pay higher wages, the union has applied to the Trades and Labour Congress of Canada for support in approaching the Government to increase the hospital grants.

* * *

TORONTO, ONT.—What is wrong with the publicity programme of our voluntary hospitals in Canada? Perhaps we have not yet learned the art of keeping our needs before the people. We note that Mr. Harry Oakes, the well-known Canadian mining magnate, recently handed St. George's Hospital in London, England, a cheque for $100,000 and promised that an additional $300,000 would follow.

* * *

WINNIPEG, MAN.—The Milk Control Board of Manitoba has set a price of 30c per gallon for standard milk purchased by hotels, restaurants, charitable institutions and wholesale customers; to the public hospitals in Winnipeg and St. Boniface, this rate is less a discount of 10 per cent. The same discount from hotel and wholesale rates applies to quart and gallon purchases of various grades of cream.

* * *

Construction

The erection of an additional storey on one of the wings of the Moncton (New Brunswick) Hospital is proposed.

* * *

The new hospital at Melfort, Saskatchewan, is being opened this month. Mr. J. H. Sykes has been appointed resident Secretary-Manager.

* * *

The Metropolitan General Hospital at Windsor is to have augmented facilities in the near future. This will include a new psychiatric ward and a waiting-room for the Cancer Clinic.

* * *

The Jewish Hospital for Hebrew Incurables is considering the construction of a hospital for tuberculosis patients on Sherbrooke St. E., Montreal, at a cost of approximately $200,000.

* * *

Flin Flon, Manitoba, is to have a new general hospital

in the near future. It will be operated and maintained by Catholic Nursing Sisters.

* * *

A new hospital at High Prairie, Sask., operated by the Sisters of Charity of Providence, was opened on October the 26th. The former Paulson Hospital was purchased and renovated by the Sisters.

* * *

The new three-storey hospital at Lestock, Saskatchewan, owned by the Grey Sisters of the Immaculate Conception, was opened recently by the Honourable Dr. J. M. Uhrich, Minister of Public Health, and His Grace, Archbishop Monahan.

* * *

It is reported that the Shaughnessy Military Hospital, Vancouver, will erect a three-storey addition, providing 250 more rooms. It is planned to commence clearing operations immediately preparatory to building in the early spring.

* * *

The contract has been awarded for the construction of a $3,000 entrance to St. Joseph's Hospital, Peterboro.

* * *

Early in November the cornerstone for the new $200,000 wing at Hotel Dieu, Windsor, was placed in position, with the blessing of His Excellency, the Most Rev. John T. Kidd, D.D., Bishop of London.

The St. Lawrence Sanatorium at Cornwall

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Consumptives, Weston. She affiliated for one year at Fordham Hospital, New York, and after graduation was supervisor in charge of the surgical building at Weston for three years. Miss Barter then spent a year on the staff of the Brompton Hospital for diseases of the chest, London, England, and on her return was Superintendent of Nurses' at the Provincial Sanatorium in British Columbia.

* * *

A. D. Lapp, M.D., D.P.H., is the Medical Superintendent. Dr. Lapp was three years a member of the Staff of the Muskoka Hospital for Consumptives, one year at the Laurentian Sanatorium, Ste. Agathe, Que., and sixteen years Medical Superintendent of Tranquille Sanatorium, Tranquille, B. C. He is a graduate of Toronto University and took a post-graduate course in public health there, obtaining that degree in 1936.

Dr. Allan W. Blair Appointed to Radiotherapy Institute Staff

Doctor Blair has been appointed to the staff of the Institute of Radiotherapy at the Toronto General Hospital. He is a graduate of the University of Saskatoon and McGill, and has had extensive post-graduate training in New York, Great Britain and various centres on the continent.

Riverdale Isolation Hospital Appointee, Doctor Beverley Hannah

Riverdale Isolation Hospital, has been appointed Director of Hospital Services by the City of Toronto to fill the vacancy created by the recent death of Mr. Henry A. Rowland.

Doctor Beverley Hannah, Physician-in-Chief of the

WANT ADVERTISEMENTS

Women's Hospital Aids Association

(Continued from page 38)

the season may find a place wherein to dwell. We are all mere warehouses, the heart and mind filled with goods, the soul of this tenement depends on works.

We all realize that this earthly house should be tenanted, with sincerity, generosity, joy, love and service which brings peace and worship in its true meaning and we can only follow faithfully, the footprints of the man of Galilee, when we give ourselves over to charity and its fullest meaning.

Navitol Malt Compound

Navitol Malt Compound (Squibb Syrup of Vitamins with Liver Extract and Dicalcium Phosphate) is a palatable syrup which combines refined fish liver oils, malted wheat germ extract, dicalcium phosphate, liver extract and pure food flavor. It supplies Vitamins A. B. D and G in natural form, together with calcium and phosphorus and the nutritional factors present in liver extract and wheat germ. It is biologically assayed for vitamin potency.

Navitol Malt Compound enjoys a wide field of usefulness as a dietary supplement because it provides Vitamin A, B, D and G, as well as other necessary nutritional factors—calcium, phosphorous and other minerals, and the nutritional factors found in liver and malted wheat germ. It thus offers an agreeable, palatable, convenient and economical means of preventing or correcting common vitamin and mineral deficiencies in the diet. Navitol Malt Compound is supplied in one-pound and two-pound jars.

(Navitol is a trade-mark of E. R. Squibb & Sons of Canada, Limited).

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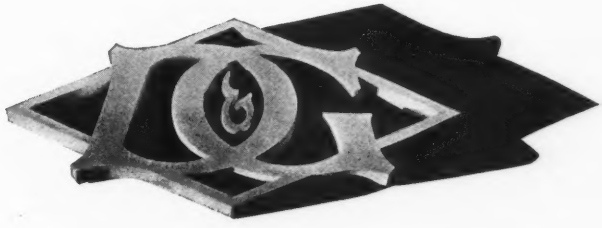

INCREASED distribution of a product is always gratifying to the producer, particularly when it is attained through a host of users who base their selection on its merits and on faith in the organization back of it.

To us, then, a record year means more than a furtherance of production efficiency. It means that the confidence and good will of old friends has been retained and new friends added. It presents a challenge to display our gratitude, not in words alone, but through progressive policies and practices and in terms of dependability and service.

Davis & Geck, Inc.

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OBTAINABLE FROM RESPONSIBLE CANADIAN DEALERS.

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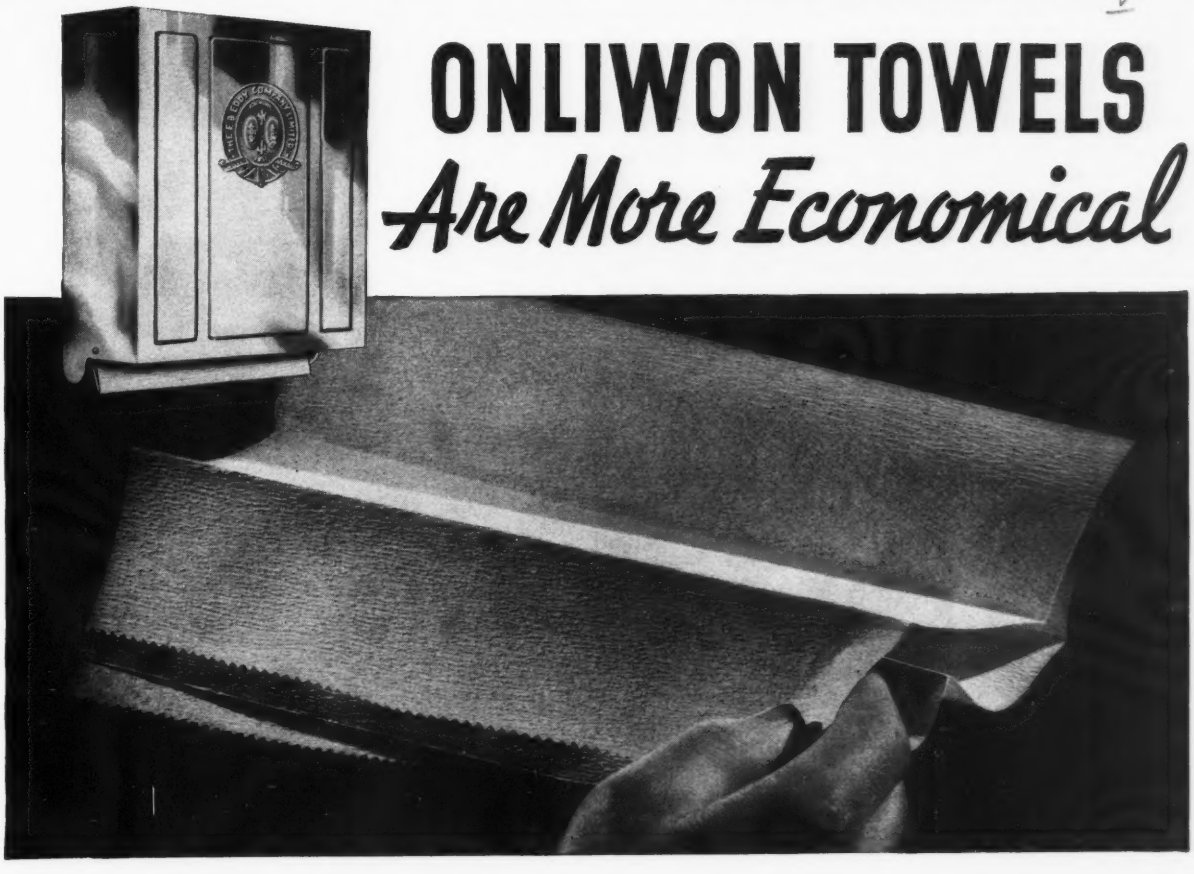
INDIVIDUAL TOWELS PREVENT WASHROOM INFECTION

ONLIWON TOWELS *Are More Economical*



because the "Double Fold" means that only one towel is needed per person.

The exclusive Onliwon "double-fold" gives you a BIGGER TOWEL, although the cabinet actually occupies less space.

The stout fabric permits an Onliwon towel to be used like a cloth towel—it doesn't fall to pieces in wet hands.

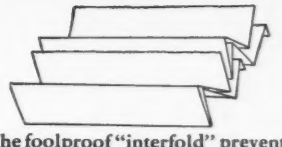
The special crepe finish imparts EXTRA ABSORBENCY.

These special features explain why ONE Onliwon towel is ample for the average user and why Onliwon towel service reduces your washroom maintenance costs to rock bottom.

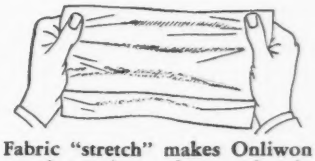
Any Eddy Co. branch or distributor will gladly furnish you with complete information.

* **Onliwon TOWELS** *

THE E. B. EDDY CO., LIMITED • Tissue Division
HULL — QUEBEC



The foolproof "interfold" prevents the cabinet feeding more than one Onliwon towel at a time.



Fabric "stretch" makes Onliwon towels tougher and more absorbent. They don't go to pieces in wet hands.

ONLIWON TOILET TISSUE

Pure, soft, sterilized. The first interfolded tissue on the market and always the best value. Cabinets in white enamel, chromium or nickel finish.

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